Hays Trinity Groundwater Conservation District

Mailing: PO Box 1648, Dripping Springs, TX 78620
Physical: 14101 Hwy 290 West, Bldg. 600, Austin, TX 78737 Office
(512) 858-9253
gm@haysgroundwater.com www.haysgroundwater.com

WELL MODIFICATION APPLICATION

- If you are changing the use of your well from an exempt use to a non-exempt use, you must contact the District and complete and submit a New Operating Permit application to the District office.
- If you are changing the physical characteristics of your well, including pump/pump end size or capacity, you must provide this form to the District office. This does not include repair of well equipment, well houses or enclosures, or replacement with comparable equipment.

A. WELL OWNER INFORMATION

Well Owner's Name	Name of place where groundwater is used if nonexempt/commercial: (business name/ permit name/pws name):	
Well Owner's Mailing Address	City	Zip Code
Well Owner's Email Address	Well Owner's Phone Number	
Well's Physical Address	City	Zip Code

B. WELL LOCATION DETAIL

Latitude:

Longitude:

District Well Number and/or State Well Report Number:

C. MODIFICATION OF USE:

Complete section C if you are changing your well's use.

List current use and new use (from Domestic use to: Commercial, Public Water System, Community Water System etc.)

D. CHANGE IN PHYSICAL CHARACTERISTIC OF WELL:

Complete section D if you are changing your well's physical characteristics.

Describe how the well will be changed (deepening of well etc.)

E. PLUGGING OF A WELL:

Complete section E if you are plugging your well.

☐ I understand that it is my responsibility to insure that the well is plugged in accordance with Texas Department of Licensing and Regulation. A plugging report shall besubmitted to the District office not later than the 30th day after the date the well has been plugged

F. SWORN STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information. I agree to operate the well in accordance with the Hays Trinity Groundwater Conservation District's Rules, terms, conditions and all permit provisions. I further state that I am the applicant or am authorized to act for the applicant.

☐ I understand and agree that my typed name is considered my official signature.

Signature of Well Owner or Authorized Agent Date

Save the Completed Application and attach to an email to **GM@haysgroundwater.com**

DISTRICT USE ONLY
District Well Registration Number
Date Application Received
Date Administratively Complete