HAYS TRINITY GROUNDWATER CONSERVATION DISTRICT

State Well No._____

District
Registration No _____

Center Lake Business Park
14101 Hwy 290 West, Bldg. 100, Suite #212, Austin, TX 78737
Mailing Address: P.O. Box 1648, Dripping Springs, TX 78620
www.haysgroundwater.com; email: gm@haysgroundwater.com
(512) 858-9253

REQUEST FOR A VARIANCE FROM HTGCD RULES

Instructions: This form is used for requesting a variance from HTGCD Rules according to HTGCD Rule 14 and shall be filled out as completely as possible.

Check All Applicable:
( ) Variance requested for Well Performance Test (Tier 2).
( ) Variance requested for Aquifer Tests (Tier 3).
( ) Variance requested for Installation of an access tube for reporting water level measurements
( ) Variance requested from the prohibition under Section 13.3.3
( ) Variance requested from the prohibition on new Tier 2 or Tier 3 wells under Section 15.1.3.

Well Inspection: District staff shall inspect each well involved in a variance request. Property access for inspections is authorized by Texas Water Code, Chapter 36.123 and shall be scheduled with the well owner and conducted in accordance with District Rule 3 and Rule 7. Inspections may include confirming well location, measuring water level, confirming pumping capability, water sampling, geological survey, or any other well-related inspection activity deemed necessary by the District.

Well Owner

Well Owner: _____

Mailing Address: _____
(Street or P.O. Box) (City) (ZIP)

Phone:_____

E-mail Address: _____

Contact Person (if other than owner):_____ Phone:_____

Location, Description, and Uses of Well: **Latitude/Longitude: _____.**

Lot or Tract Size: _____ acres Directions to Well (or attach location map):_____

_____

Driller:_____ Requested Drilling Date if Known: _____.

Water to be used: ( ) On-Site ( ) Off-Site If off-site, specify where used: _____

_____

Provide explanation about your need for the requested variance(s). Attach additional pages as necessary.

_____

_____

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Please indicate any attachments provided with this form:

( ) Copy of District Well Registration Form

( ) Copy of District Operating Permit

( ) Well Location Map or Property Plat. Must be drawn to a scale that adequately details the well site, well site access route, property lines, location of other existing or proposed wells on the tract, existing wells on adjoining tracts which may lie within the spacing required for the proposed well, location of surface storage, location of existing water uses if any, location of existing or proposed on-site wastewater systems, and the location of any other potential source of pollution.

( ) Other _____

Owner's or Applicant's Sworn Statement

I hereby swear and affirm that the information given herein is true and accurate to the best of my knowledge and belief, and that I am aware of, knowledgeable of, and will comply with all District Rules.

_____ _____

Owner's or Applicant's Signature Date

To Be Completed by District Personnel Only

Registration #: _____ State or Temp. Well #: _____ Status: ( ) Exempt ( ) Non-exempt

Variance Determination

Staff Analysis of Variances Requested: _____

( ) Variance will be contained entirely on well owner's property. A waiver or easement from an adjoining property owner is not required. Comments: _____

( ) Variance will affect adjacent property owners. A waiver or easement from an adjoining property owner is required and must be filed with the County Clerk's Office. Comments: _____

( ) Waiver or easement filed with County Clerk's Office. Comments: _____

Other Comments: _____

Date Application was Administratively Complete: _____ ( ) Ref. to Board

Date Application was Ref. to Board: _____ Public Hearing Date (if held): _____

Board Action: ( ) Approved as Filed ( ) Modified or with Special Conditions ( ) Denied Date: _____

Signed by: _____ Date: _____