

**CROCKETT COUNTY  
GROUNDWATER CONSERVATION DISTRICT  
APPLICATION FOR AN EXEMPT WATER WELL**

**CCGCD USE ONLY**

Well#: _____
Approval Date: _____
Renewal Date: _____

This is an application to:
Drill: _____
Operate: _____
Both: _____

Applicant : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Type of Application</b>	
New _____	If Renewal, are there changes to the original permit: Yes _____ No _____
Amended _____	
Renewal _____	
Replacement _____	

**Well Location**

Lat: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Long: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Survey: \_\_\_\_\_ Section: \_\_\_\_\_ Abstract: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Tract: \_\_\_\_\_

Acreage: \_\_\_\_\_

Is the well located within 500' of a property line: Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Well Use</b>
Residential _____ Livestock _____ Other: _____

**Well Information**

Drill Date: \_\_\_\_\_ Driller: \_\_\_\_\_  
Total Depth: \_\_\_\_\_ Static Level: \_\_\_\_\_ Drawdown : \_\_\_\_\_  
Casing Size: \_\_\_\_\_ Pump Type: \_\_\_\_\_  
Pump Horsepower: \_\_\_\_\_  
Aquifer: \_\_\_\_\_  
Existing Production: \_\_\_\_\_ Gallons per day: \_\_\_\_\_ Acre feet per year  
Maximum Production: \_\_\_\_\_ Gallons per day: \_\_\_\_\_ Acre feet per year  
Export Production: \_\_\_\_\_ Gallons per day: \_\_\_\_\_ Acre feet per year

**Attach to this Application**

- Plat or Map showing location of well and any wells within one (1) mile radius
- Drought Contingency Plan if deviating from District Approved Plan
- Water Conservation Plan if deviating from District Approved Plan

**Affirmation**

I, as applicant and undersigned here, agree and certify that I will avoid waste, achieve water conservation, protect groundwater quality and the groundwater produced from this well will be for beneficial use. I will comply with all District and State Rules, The District Management Plan and orders of the District currently in effect as they may be modified, amended, or changed from time to time. I am authorized to act for the well owner and agree that all statements and information submitted is, to the best of my knowledge, true, accurate, and complete.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DELIVER OR MAIL THE COMPLETED FORM TO THE FOLLOWING ADDRESS**

Crockett County Groundwater Conservation District  
1102 AVE I  
PO Box 1458  
Ozona, TX 76943

CCGCD Use Only

Drilling Approved: Yes \_\_\_ No \_\_\_      Permit before drilling: Yes \_\_\_ No \_\_\_  
By: \_\_\_\_\_      Date: \_\_\_\_\_