

**CROCKETT COUNTY
GROUNDWATER CONSERVATION DISTRICT
APPLICATION FOR A NON EXEMPT WELL PERMIT**

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: _____

Type of Application	
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 _____

Well Use		
Irrigation _____	Industrial _____	Injection _____
Public Water Supply _____	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

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Drilling Approved: Yes _____ No _____
By: _____ Date: _____