

**PRESIDIO COUNTY UNDERGROUND WATER  
CONSERVATION DISTRICT**

300 N. Highland Street  
P.O. Box 606  
Marfa, Texas 79843

432-295-2568 Phone  
cmacpcuwcd@gmail.com

**Water Well Operating Permit Application**

**INSTRUCTIONS:** The District's rules require an Operating Permit for operating or withdrawing or discharging groundwater from any nonexempt well. Please fill out a separate application form for each well and submit the Application to the District at the above address, along with any fee required by the District. An Applicant for an Operating Permit may file a single Operating Permit Application for more than one well if the wells are part of a well system.

**APPLICANT(S) INFORMATION:** Please provide the information requested below. If the Applicant is more than one individual with different residences, attach a separate sheet with a description of each individual's respective interests in the well or well system, listing the names and addresses, and designating a contact person. If the Applicant is a corporation or other business entity, state its name and address below and attach written documentation that the Authorized Representative, whose name should be provided below, is authorized to represent the Applicant. If the Applicant is other than the owner of the property on which the well or well system is located and the groundwater rights, provide the name and mailing address of the owner of the groundwater and property rights and provide documentation establishing the applicable authority to operate each well for the proposed use.

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact/Authorized Representative: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**LOCATION OF WELL(S):** \_\_\_\_\_

(Ranch name, Address, and General Description of Well Location)

**COORDINATES** (not required if a plat showing metes and bounds is filed with this form):

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

**LEGAL DESCRIPTION:** The well is located in the NW 1/4 , NE 1/4 , SW 1/4 , SE 1/4 (Circle the one that applies) of Section Block Survey (or Original Grantee), Presidio County, Texas (if within a platted subdivision, give the lot number Block and name of Subdivision ). \_\_\_\_\_ (feet/miles) North, \_\_\_\_\_ South, \_\_\_\_\_ East, and \_\_\_\_\_ West (approximate distance).

**DISTANCE FROM THE WELL OWNER'S PROPERTY LINE:** \_\_\_\_\_

**DISTANCE FROM NEAREST WELL** (if known): The nearest well is (feet/miles) \_\_\_\_\_ to the North, South, East, West (Circle) of the well.

The nearest well is owned by \_\_\_\_\_ (name owner if not Applicant).

**PRODUCTION OF NEAREST WELL:** \_\_\_\_\_ gallons per minute

**DISTANCE FROM SEWAGE OR WASTE FACILITY** (Including septic tanks and drain fields) (if known): \_\_\_\_\_ (feet/miles) (Circle)

Note: If an exception to the District's spacing or production rule is desired, attach a certified addendum to this application in accordance with District Rule 11.2(c).

**WELL DESCRIPTION:**

Casing Size (if known): \_\_\_\_\_

Well Depth (if known): \_\_\_\_\_

Static Level (if known): \_\_\_\_\_

Equipped: Submersible pump, windmill, pump jack, solar pump, not equipped (Circle)

If Pump Equipped, Size of Pump: \_\_\_\_\_

Well Capacity (if known, in gallons per minute): \_\_\_\_\_

**ESTIMATED RATE OF WITHDRAWAL:** \_\_\_\_\_ gallons per minute

**AQUIFER:** This application is for an Operating Permit for withdrawing water from the following aquifer (if more than one aquifer, describe with specificity which well[s] will be drilled to which aquifer): \_\_\_\_\_

**PROPOSED ANNUAL GROUNDWATER WITHDRAWAL AMOUNT:** Total amount of groundwater applied for in this application in acre-feet per year (1 acre-foot equals 325,851 gallons): \_\_\_\_\_

**List the requested annual amount of groundwater withdrawal/discharge for each purpose in acre-feet per year (1 acre-foot is 325,851 gallons), the duration required for each use and describe in detail each proposed use:**

**Domestic**      Amount: \_\_\_\_\_ Duration of Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_

**Livestock and/or poultry**  
Amount: \_\_\_\_\_ Duration of Use: \_\_\_\_\_  
Proposed Use (Number and type of livestock/poultry): \_\_\_\_\_

**Irrigation** Amount: \_\_\_\_\_ Duration of Use: \_\_\_\_\_  
Proposed Use: (Type and acreage of crops, type of irrigation (spray, drip, etc.))  
\_\_\_\_\_  
\_\_\_\_\_

**Public Supply** Amount: \_\_\_\_\_ Duration of Use: \_\_\_\_\_  
Proposed Use: (location, number of people, provide copy of contract)  
\_\_\_\_\_

**Industrial or Commercial** Amount: \_\_\_\_\_ Duration of Use: \_\_\_\_\_  
Proposed Use: (Type of Industry) \_\_\_\_\_  
\_\_\_\_\_

**Other** Amount: \_\_\_\_\_ Duration of Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_

**Conditions and restrictions:** List any conditions and restrictions, if any, proposed to be placed on the rate and amount of withdrawal: \_\_\_\_\_  
\_\_\_\_\_

**Location of Use:** Describe the location of the use of the water from the well: \_\_\_\_\_  
\_\_\_\_\_

**Operating Permit Term:** This operating permit is effective for a term ending one year from the last day of the calendar month of issuance unless specified otherwise by the Board or the District's Rules. Operating Permits will not be renewed unless the well has been drilled at the time of renewal. Please provide the permit term requested, if greater than one year: \_\_\_\_\_  
If applicant is requesting a permit term longer than one year, please provide the reason for the longer term: \_\_\_\_\_  
\_\_\_\_\_

If applicant is requesting a permit term longer than one year, please describe how much water is needed during each year throughout the term: \_\_\_\_\_

**Water Transferred out of the District:** If groundwater is proposed to be transferred out of the District, the Applicant shall provide and attach documentation describing the following issues:

1. the availability of water in the District and in the proposed receiving area during the period for which the water supply is requested;
2. the projected effect of the proposed transfer on aquifer conditions, depletion, subsidence, or effects on existing permit holders or other groundwater users within the District; and
3. how the proposed transfer is consistent with the approved regional water plan and approved District Management Plan.

**Attachments:** Provide a drought contingency plan. Attach a written statement addressing each of the applicable criteria in Rule S.2(d), (e) and (t) substantiating why the Applicant believes the Board should consider each of these applicable criteria in a manner favorable to the Applicant.

**Declaration:** I agree that the water withdrawn from the well will be put to beneficial, nonwasteful use at all times. I agree that reasonable diligence will be used to protect groundwater quality. I agree to comply with the rules of the District, all groundwater use permit terms and conditions and plans promulgated pursuant to the District's Rules, Management Plan, and orders of the District's Board of Directors. I agree to comply with the District's well capping and plugging guidelines and to report any well closure to the Texas Commission on Environmental Quality. Furthermore, I agree not to exceed the production allowance of the Operating Permit.

**I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.**

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

**AFFIDAVIT**

STATE OF TEXAS

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COUNTY OF PRESIDIO

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ who is authorized to submit the foregoing and attached Application and referenced attachments, and who after being by me duly sworn, upon oath deposes and says that s/he has read the statements and information in the foregoing and above-described application and that every statement contained therein is within her/his own personal knowledge and belief and is true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Date of Expiration

**Approval or denial of this application is subject to the rules of the District**

FOR DISTRICT USE ONLY:

Date Application Received: \_\_\_\_\_ Application Approved: YES \_\_ NO\_\_

District Well No(s): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title