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Adopted: 5/21/2015

#### **Texana Groundwater Conservation District**

Mailing Address: P.O. Box 1098, Edna, Texas 77957 (361) 781 - 0624 FAX: (361) 781 - 0453

Website: www.TexanaGCD.org Email: admin@TexanaGCD.org

# APPLICATION TO VALIDATE HISTORIC USE OF A WELL SYSTEM

Complete this application for the purposes of obtaining a historic use production permit for a grandfathered, non-exempt well system.

WELL SYSTEM means the collection of non-exempt use wells located on noncontiguous tracts of land, with intervening private ownership or private control, owned or controlled by a person, operated to produce groundwater for non-exempt use purpose, and connected by a transmission or distribution system.

**Note:** In accordance with the District's rules, the District may request additional information not requested in this application in order to consider the application administratively complete.



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#### Instructions:

- 1. Complete the form to the best of your knowledge and belief.
- 2. Type or print all information.
- 3. Attach copies of any relevant documentation or information to this application including:
  - a. a scaled map of the well system that accurately describes the geographic extent of the boundary of the well system relative to public roads, the location of property lines within and at the perimeter of the well system, the location of each water well within the boundary of the well system and transmission or distribution system;
  - b. documentation demonstrating the ownership or control of the tract of land on which the well is located; and
  - c. Attach documentation demonstrating authority to act as an agent of the landowner if the application is submitted under the signature other than the landowner's signature.
- 4. If a portion of the information requested on this form cannot be provided, enter "unknown" in the related blank space.



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#### **Texana Groundwater Conservation District**

SECTION 1: WELL OWNER INFORMATION											
	Last Name, Firs	st Name, Middle	Initial								
C	Owner Entity (Partnership / Corporation / Trust, etc.)										
Mailing Address:											
City:		State:	Ziţ	ocode:							
Phone:											
E-Mail:											
	ION 2: WELL SYST	EM LOCATIO	N INFORM	MATION							
Property Address:											
City:		State:	Zij	ocode:							
Nearest Intersection:			,								
Latitude:		Longitu	de:								
	I is registered with the Estration identification:	District, specify the	e WSRC								

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If the subject well is not registered with the District, specify

the well system registration application identification:

Specify the acreage of the well system:



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#### **SECTION 3: HISTORIC USE INFORMATION**

EXEMPT USE means the operation of a well, well field, or well system:

- 1. For the sole purpose of producing groundwater to be used for domestic use purposes;
- 2. For the sole purpose of providing groundwater for personal recreation from a well that is completed, or equipped so that it is incapable of producing more than 35,000 gallons of groundwater per day;
- 3. For the sole purpose of providing groundwater for livestock watering purposes;
- 4. For the sole purpose of providing groundwater for fire fighting;
- 5. For the sole purpose of providing a heat source or heat sink to a freshwater closed loop geothermal well; or
- 6. For the sole purpose of providing access to monitor groundwater resources that does not consume more than 5,000 gallons of water per year.

EXEMPT USE WELL means a well utilized to produce groundwater to be used solely for exempt use purposes or a well otherwise exempt under the provisions of Section 36.117 of the Texas Water Code.

NON-EXEMPT USE WELL means a well that is not an exempt use well.

Was each well of the subject well system used in a manner that qualifies as a NON-EXEMPT USE YES | NO WELL?"

Specify the year prior to 2011 for which historic use validation is requested.

Specify the purpose to which the groundwater produced by the subject well system was used within the year for which validation of historic use is requested:

Specify the volume of groundwater produced by the subject well system within the year for which Ac-Ft validation of historic use is requested:



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# **Texana Groundwater Conservation District**

SECTION 4: WELL INFORMATION										
Well System V	Vell # 1									
Latitude:	Longitude:									
Specify the volume of groundwater produced I well within the year for which validation of requested:		Ac-Ft								
If the subject well is registered with the District well registration identification:	WRC									
If the subject well is not registered with the D the well registration application identification:	istrict, specify	ARW								
Well System Well # 2										
Latitude:	Longitude:									
Specify the volume of groundwater produced I well within the year for which validation of I requested:	Ac-Ft									
If the subject well is registered with the District well registration identification:	•	WRC								
If the subject well is not registered with the D the well registration application identification:	istrict, specify	ARW								
Well System V	Vell # 3									
Latitude:	Longitude:									
Specify the volume of groundwater produced I well within the year for which validation of requested:	-	Ac-Ft								
If the subject well is registered with the District well registration identification:	ct, specify the	WRC								
If the subject well is not registered with the D the well registration application identification:	ARW									
Note: For well systems comprised of more than of the form should be submitted so that all associatentified in the application submittal.										



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SECTION 5: HISTORIC USE EVIDENCE INFORMATION										
Describe the documentation	evidence supporting or explanation to the a	g the validation application as neede	request. (Attach ed.)	additional						



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# **Texana Groundwater Conservation District**

SECTION 6: AGREE	MENT
I certify under penalty of law that this document a under my direction or supervision; the information knowledge and belief, true, accurate and complete system in accordance with the Texana Groundwate the State of Texas' regulations. Further, I certify und system owner or I am authorized to act as the agent	n submitted is, to the best of my e; and I agree to operate the well er Conservation District's Rules and der penalty of law that I am the well
Signature of Well Owner or Authorized Agent	Date
Printed Name of Well Owner or Authorized Agent	
NOTARY PUBLIC'S CER	TIFICATE
Subscribed and sworn to before me, by the said	,
this, 20, t	o certify which witness my hand
and seal of office.	
Notary Public Signature	
Notary Public Printed Name	
Notary Public in and for	_County, Texas.
My commission expires	



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# **AFFIDAVIT OF PAST PRODUCTION**

Before me, the undersigned authority, appeared who, being duly sworn states as follows:  "1. I am 18 years of age or older and competent to submit this affidavit.  2. To the best of my knowledge and belief, the information contained in the attached application to validate the historic use of a well system is true and correct.  3. All available information concerning groundwater production during the validation period has been provided to the Texana Groundwater Conservation District."	
Signature	
NOTARY PUBLIC'S CERTIFICATE	
Subscribed and sworn to before me, by the said,	
this day of	, 20, to certify which witness my hand
and seal of office.	
Notary Public Signature	
Notary Public Printed Name	
Notary Public in and for	County, Texas.
My commission expires	