



Rusk County Groundwater Conservation District

P.O. Box 97 Henderson, TX 75653
500 North High St. Henderson, TX 75652
Phone (903)657-1900 | Fax (903)657-1922
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Application for Operating Permit Renewal or Amendment \$50 Fee for Major Amendments, such as proposed use being altered significantly

- Operating Permit Renewal *(Every 3 years)*
- Amendment to an existing Operating Permit (All wells that are non-exempt and any new or existing wells that were exempt from the District's permitting requirements, but are substantially altered in a manner that causes the well to lose its exempt status must obtain an Operating Permit from the District, Rule 9.3(b)(2))

RCGCD Permitted Well Number: _____

Part I. Applicant and Well Owner Information

Applicant: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Well Owner: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Request Change of Ownership to:

New Well Owner: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Part II. Well Location and Property Description

Well Location: _____
Street Address City State Zip Code

Latitude: _____ Longitude: _____

Legal Description

Survey Name: _____ Abstract Number: _____

Number of Contiguous acres of the property the well is located: _____

Part III. Proposed Use Information

a) Estimated Rate Water Will be Withdrawn (gallons per minute): _____

b) Maximum pumping Capacity of well (gallons per minute): _____

c) Quantity of water to be produced by this well annually (acre-feet or gallons): _____

d) Will the amount or rate of withdrawal differ from permit?: _____

e) Pump Type, Model, Depth Setting, Pump Curve and Specs:

f) Will the groundwater produced be transported out of Rusk County?: YES NO

If yes, explain: *(Transport Permit required)*

g) Will the groundwater withdrawn from the well be resold, leased, or otherwise transferred to others?: YES NO

If yes, please provide the location to which the groundwater will be delivered:

h) State the nature and purpose of beneficial use of the groundwater under the requested permit and provide any evidence if available:

i) Will the use of groundwater under the prior District Permit change?: YES NO

| | | |
|-----------|------------------|---------------------------|
| Well Use: | _____ Domestic | _____ Commercial |
| | _____ Livestock | _____ Public Water Supply |
| | _____ Irrigation | _____ Monitor Well |
| | _____ Industrial | _____ For Sale |

Other _____

Part IV. Required Documentation *(Check box)*

- Water Conservation Plan to comply with the District's Management Plan *or*
 - The water conservation plan of a municipality or entity providing retail water services, the water conservation plan of the municipality or entity shall also be provided along with a copy of the contract between the applicant and any subsequent user of the water.
- Declaration that the applicant agrees to avoid waste and achieve water conservation
- Declaration that the applicant agrees to protect the groundwater quality

- Declaration that the applicant will comply with well plugging and report closure of the well to the District within 30 days **or** attach well closure plan

Part V. Application Submittal Package

- If applicant is not the owner of the property, documentation establishing the applicable authority to operate a well on the owners property for the proposed use.
- Proof of notification to all land owners and/or registration/permit holders that are located within the spacing requirement circumference of the applied well, along with the publishers affidavit showing publication of notice.
 - a) State Well Report Number: _____
 - b) Public Water Supply Number: _____
 - c) If no State Well Report on file, then Construction Completion Information must be submitted.

Comments:

Part IV. Certification

I hereby swear or certify that the information in this application is true and accurate to the best of my knowledge and belief and agree to abide by the District's Rules.

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Operating Permits are effective for three-year terms, at the end of each term an Operating Permit Renewal must be submitted to the District.

Please complete all required fields in application, if incomplete information is found the application will not be processed.

| | | |
|----------------------|---------------------|----------------------|
| Date Received: _____ | Received By: _____ | Date Assigned: _____ |
| Permit Number: _____ | Hearing Date: _____ | Date Denied: _____ |
| Staff Notes: _____ | | |
| | | |

RCGCD Staff Use Only