

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 rcgcd@suddenlinkmail.com | www.rcgcd.org

APPLICATION FOR OPERATING PERMIT RENEWAL OR AMENDMENT

\$50 Fee for Major Amendments, such as proposed use being altered significantly

Amendment to an Existing Operating exempt well that is substantially altered in a manner of from the District, Rule 9.3(b)(2)). District Well Number or Permit Num PART I. APPLICANT AND WELL OWNER INFORMAT Applicant: Mailly and bloomed.	that causes the well to lose its exempt status mu	ist obtain an Operating Permi
PART I. APPLICANT AND WELL OWNER INFORMAT Applicant:		
Applicant:	ΓΙΟΝ	
Marle and Addisons		
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 DESCRI	PTION	
Well Location:		
Street Address	City State	Zip Code
Latitude:	Longitude:	
Legal Description Survey Name:	Abstract Number:	

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 PROPOSED USE INFORMATION a) Estimated Rate Water Will be Withdrawn (gallons per minute): b) Maximum pumping Capacity of well (gallons per minute): c) Quantity of water to be produced by this well annually (acre-feet or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County?: YES NO If yes, please explain: (TRANSPORT/EXPORT PERMIT & OPERATING PERMIT REQUIRED) g) Will the groundwater withdrawn from the well be resold, leased, or otherwise transferred to If yes, please provide the location to which the groundwater will be delivered: h) State the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?: \square YES \square NO Domestic Oil & Gas Rig Supply Well Use: Commercial Well Fracking Livestock Industrial Monitor Well Poultry Mining Activities Irrigation For Sale Public Water Supply Other PART IV. REQUIRED DOCUMENTATION & SUBMITTAL PACKAGE Evidence the applicant has legal authority to produce groundwater associated with the land surface and the permit application (District Rule 9.4(c)) DISTRICT PROVIDED AFFIDAVIT FORM (If applicant is not the owner of the property, documentation establishing the applicable authority to operate a well on the owner's property for the proposed use) Hydrological Study Type 1 to be submitted for wells producing from 250gpm to 499gpm; or Hydrological Study Type 2 to be submitted for wells producing from 500gpm or more. (District Rule 9.4(1)) 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; to protect the groundwater quality; 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.

Proof of notification to all land owners and/or registration/permit holders that are located with the spacing requirement circumference of the applied well, along with the publishers affidavit showing publication of notice.				
Comments:				
PART IV. CERTIFICATION				
I hereby swear or certify tha knowledge and belief and a			urate to the best of my	
Print Name		Signature	Date	
Please complete all required fields deemed administratively incomplete operating Permits are effectively must be submitted.	ete. ctive for five-year terms, a	at the end of each term	-	
Date Received:	Received By:	Date Ass	·ianadı	
Fees Paid:	Well ID:	Date D		
Fee ID:	Date Paid:		mit #:	
Application ID: Staff Notes:	Check #:			