



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
 generalmanager@rcgcd.org | www.rcgcd.org

APPLICATION FOR OPERATING PERMIT RENEWAL OR AMENDMENT

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

Request for:

- Operating Permit Renewal *(Every 5 years)*
- Amendment to an Existing Operating Permit or Registration *(Any non-exempt well new or existing or exempt well that is 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)).*

District Well Number or Permit 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- a) Estimated Rate Water Will be Withdrawn (gallons per minute): _____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, please explain: *(TRANSPORT/EXPORT PERMIT & OPERATING 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g) Will the groundwater withdrawn from the well be resold, leased, or otherwise transferred to others?: YES NO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 _____ Oil & Gas Rig Supply
 _____ Livestock _____ Industrial _____ Well Fracking
 _____ Poultry _____ Monitor Well _____ 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(l))
- 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 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
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Please complete all required fields in application, if incomplete information is found the application will not be processed and deemed administratively incomplete.

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

RCGCD Staff Use Only

Date Received: _____	Received By: _____	Date Assigned: _____
Fees Paid: _____	Well ID: _____	Date Denied: _____
Fee ID: _____	Date Paid: _____	Permit #: _____
Application ID: _____	Check #: _____	
Staff Notes: _____		