



# LOWER TRINITY GROUNDWATER CONSERVATION DISTRICT

602 E. Church St. #150  
Livingston, TX 77351  
Office: (936) 327-9531  
Website: WaterWells.Info  
Email: Groundwater@Livingston.net

## Monitor Well Permit Application For Operating Year 2025

This form is to be used only for Monitoring Wells used in the process of taking measurements and readings for a period of time. The well is not to be used to supply water for any other purpose. **Application must be approved prior to drilling.**

Anticipated Drill Date: \_\_\_\_\_

Name and Type of Business: \_\_\_\_\_

Anticipated Well Closure Date: \_\_\_\_\_

### Well Description, Specifications and Location:

Purpose of Water Well Use: \_\_\_\_\_

Well Casing Size: \_\_\_\_\_ Pump Size: \_\_\_\_\_ Estimated Depth of Well: \_\_\_\_\_

Maximum Gallons per Minute: \_\_\_\_\_ Annual Amount of Usage in Gallons: \_\_\_\_\_

Physical 911 address of Well Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

GPS Coordinates (required): Latitude: N: \_\_\_\_\_ Longitude: W: \_\_\_\_\_

### Land/Well Owner Information:

If applicant is other than landowner, please complete the following information and provide documentation establishing the applicable authority to construct and operate a well for the proposed use.

Name of Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Well Driller Information:

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Name of Licensed Driller: \_\_\_\_\_ License #: \_\_\_\_\_

I, the undersigned applicant, hereby agree and certify that:

- 1) The applicant will comply with the District's Rules and all Groundwater use permits and plans pursuant to the Management Plans. <sup>[1]</sup><sub>[SEP]</sub>
- 2) The applicant agrees that water produced from the well will be used as stated above. <sup>[1]</sup><sub>[SEP]</sub>
- 3) The applicant will comply with all Districts and State well drilling, plugging and capping guidelines in <sup>[1]</sup><sub>[SEP]</sub>effect.
- 4) The applicant understands that if any change in size or scope of the business occurs, that the District will be notified within 30 days.
- 5) By signing this form, the well owner or representative understands that this allows the District to enter the property to inspect the well. <sup>[1]</sup><sub>[SEP]</sub>

I hereby certify that I have furnished the above information and to the best of my knowledge and belief, all data herein contained are true and correct.

Well Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Well Driller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Permit # \_\_\_\_\_