

P.O. Box 3128 | 205 S. Caddo Street | Cleburne, TX 76033 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

## **APPLICATION FOR OPERATING PERMIT** (Effective January 1, 2019)

This form may be submitted in person, by mail or e-mail, or by fax.

If an Operating Permit is required, both a well registration and a permit must be obtained prior to drilling. Complete one application for each well.

In accordance with District Rules, an Operating Permit is required by the District for drilling, equipping, completing, substantially altering, or producing groundwater from any well that meets the criteria set out in District Rule 3.9 and that is not exempt from the requirement to obtain a permit under the District Rules.

Application date:		_			
Have you submitted an application for w	rell registration to the I	District?			
□ Yes □ No					
If yes, provide well ID number assigned	by District:				
If no, please complete a well registration	application and subm	it as an attachment to this a	pplication for Operating Per	rmit.	
I. APPLICANT AND WELL DRILL	ER INFORMATION	I			
Applicant Name:		E-mail:	Phone:		
Fax:					
Contact Person (if different than above):					
Mailing address:					
Street and Number or PO Box	City	State	Zip		
Provide the following information if the Applicant:	ne Well Owner and/o	r Property Owner where	well is located are differen	t from	
Name:		E-mail:	Phone:		
Mailing address:					
Street and Number or PO Box	City	State	Zip		

If Applicant is other than the owner of the property where the proposed well is to be located, please attach documentation to this form establishing the applicable authority to file the application for an Operating Permit, to serve as the applicant in lieu of the property owner, and to construct and operate a well for the proposed use.

Drilling Company:	Phone:			
Driller Name:	License # Exp		oiration Date:	
E-mail:	Fax:			
Mailing Address:				
Street and Number or PO Box	City	State	Zip	
II. WELL LOCATION				
Well site address:				
Street and Number	City	State	Zip	
Latitude:				
GPS used to measure latitude and longitu				
Surface elevation of well at land surface				
Total number of acres of the property (co				
Legal description of all contiguous contro	olled acreage:			
Please provide information demonstrating from which the well(s) will be producing			quifer or layer of the aqui	

If the	well will be part of a well system, identify all other wells in that system:			
Please provide the information in Questions 1-4 only if you are a political subdivision or other retail public utility. All other applicants, skip to the question following #4:				
1	. The number of acres within the corporate boundaries of the political subdivision:			
2	2. The number of acres within the political subdivision or other retail public utility's retail water service area (retail water Certificate of Convenience and Necessity (CCN)), if any, where the well is located or proposed to be located:			
3	3. Attach to this application a map of the corporate boundaries and a map of the retail water CCN where the well is located or proposed to be located.			
4	I. Provide a description of each tract of land within the service area on which an exempt or non-exempt well of the political subdivision or other retail public utility is located or proposed to be located (attach additional pages if necessary).			
Has t	he property been platted or replatted since May 15, 2017? □ Yes □ No			
	the property on which the well site is to be located meet the District's two (2) acre minimum tract size requirement set in District Rule 4.4?   Yes   No			
	If no, applicant must also submit to the District an application for an exception to minimum tract size requirements under District Rule 4.6.			
Does	the proposed well site meet the applicable spacing and location requirements set forth in District Rules 4.1, 4.2, and 4.3?  Yes   No			
	If no, applicant must also submit to the District an application for an exception to spacing requirements under District Rule 4.7.			
Will	the groundwater withdrawn from the well be used in a location different from the well site? $\Box$ Yes $\Box$ No			
Nam	e of aquifer and layer of the aquifer from which water will be produced by the well:			
III.	PURPOSE FOR WATER USE			
	(x) all appropriate boxes that describe what the water from the well will be used for and indicate the amount of water per to be used for each purpose:			
	Domestic Use (household / lawn watering at residence)  Amount:  Municipal / Public Water System  Amount:			

	Livestock Watering Amount:		Industrial / Manufacturing Amount:
	Commercial / Small Business Amount:		Golf Course Irrigation Amount:
	Solely to supply water for a rig actively engaged in <b>drilling or exploration operations for an oil or gas well</b> , and the water well is located on the same lease or field associated with the oil/gas drilling rig (If you check this box, is the owner of the water well the same person who holds the oil/gas well permit issued by the Railroad Commission? Yes No		Supplying water for <b>oil or gas production as required for mining activities</b> , or supplying water to a rigengaged in drilling or exploration operations for oil or gas where water well is not located on same lease or field associated with the oil/gas drilling rig.
Loca	ation where water will be used:		
IV.	HISTORIC USE PERMIT		
Plea	se check the appropriate box below:		
	have a Historic Use Permit issued by the District for the we please attach a copy of your Historic Use Permit to this appl		
Indic	cate the amount of Maximum Historic Use designated in you	r His	storic Use Permit:
	have submitted an application for a Historic use Permit to the ou check this box, please attach a copy of your application for		
	cate the amount of Maximum Historic Use designated in the nit:	mos	t current version of your application for a Historic Use
□ ]	do not have a Historic Use Permit issued by the District, and	d I h	ave not applied for a Historic Use Permit.
<b>V.</b> .	ATTACHMENTS		
I hav	ve attached a drought contingency plan (required by law):	] Y	es
I hav	ve attached a Water Well Closure Plan:   Yes   N	Vо	
	e, sign below as a declaration that the owner will report any covell plugging regulations of the Texas Department of Licensia		
Sign	ature		
I hav	ve attached the \$1,000.00 non-refundable permitting fee requ	ired	by District Rule 7.11: □ Yes □ No

I have attached	an application to register the well that is the	e subject of this application for Operating Permit (if a registration		
application has	not already been submitted).   Yes	□ No		
-	-	only: I have attached to this application a map of the corporate		
boundaries and	a map of the retail water CCN where the we	ell is located or proposed to be located. □ Yes □ No		
VI. INFORM	IATION REGARDING MAXIMUM ANN	NUAL AUTHORIZED PRODUCTION		
	proves this application for Operating Permit, duction from the well or well system shall be	and there is no Historic Use Permit for the well, the maximum annual e limited by the Board to the lesser of:		
(1)	the reasonable non-speculative amount of annual groundwater demand during the term of the permit, for which the General Manager shall provide a recommendation to the Board based upon a technical evaluation of the applicant's water demand by the General Manager; or			
(2)	the applicable production allowable per contiguous controlled acre established by the Board under Section 5 of the District Rules multiplied by the number of contiguous controlled acres of the Operating Permit applicant.			
		torized under a Historic Use Permit, the maximum annual authorized be limited by the Board to the difference between:		
(1)	(1) the amount that would otherwise be authorized under paragraphs (1) or (2) above; and			
(2)	the amount of Maximum Historic Use auth	horized for the well under the Historic Use Permit.		
VII. CERTII	FICATION			
belief. I furthe		ven herewith is true and accurate to the best of my knowledge and ll that is the subject of this registration will at all times be put to District's Management Plan and rules.		
Signature		-		
Print Name		Date		
DISTRICT TO	COMPLETE THIS SECTION			
☐ Operating P	ermit Fee Received Date:	Method/Check No.:		
Reviewed by: _		Date of approval:		
Operating Perm	it No	_ Well Owner:		