



<u>District Use Only:</u>	
<u>Well Reg. No.:</u>	_____
<u>Date Authorized:</u>	_____

208 Kimberly Dr | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

APPLICATION FOR REPLACEMENT WELL

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

In accordance with District Rules, no person may replace a well without first having obtained authorization for such work from the District. Authorization for the construction of a replacement well may only be granted following the submission to the District of an application for registration of a replacement well and, if applicable, for amendment of the Historic Use Permit or Operating Permit associated with the original well.

Application Date: _____

Existing Well Registration Number: _____

Part I. Registrant and Well Driller Information

Registrant Name: _____ Phone: _____

Fax: _____ E-mail: _____

Contact Person (if different than above): _____

Mailing address:

Street and Number or PO Box City State Zip

Provide the following information if the Well Owner and/or Property Owner where well is located are different from Registrant:

Name: _____ Phone: _____ E-mail: _____

Mailing address:

Street and Number or PO Box City State Zip

If Registrant 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 replacement well, to serve as the registrant in lieu of the property owner, and to construct and operate a well for the proposed use.

Drilling company: _____ Phone: _____

Driller Name: _____ License #: _____ Expiration Date: _____

Fax: _____ E-mail: _____

Mailing Address:

Street and Number or PO Box City State Zip

Part II. Existing Well Information

Well site address:

Street and Number City State Zip

Latitude: _____ Longitude: _____

Maximum designed production capacity of pump: _____ gpm

Number of service connections: _____

Well services approximately _____ individuals for _____ days out of the year.

Part V. Replacement Well Information

Is this a permitted well? ☐ Yes Permit Number: _____ ☐ No

Final Meter Reading: _____

Permit must be amended according to Rule 3.12 before replacement well can produce groundwater.

Is the replacement well within 50 feet of well being replaced? ☐ Yes ☐ No How many feet?:

Status of well being replaced: ☐ capped ☐ plugged ☐ in use explain use: _____

Well being replaced must be plugged immediately upon commencing operation of the replacement well.
Rule 3.17(b)(4)

According to Rule 3.17(b)(3) the replacement well and pump will not be larger in designed production capacity than the well and pump being replaced, unless the maximum designed production capacity is 17.36 gpm or less.

Proposed total depth: _____ feet Proposed depth to first screen: _____ feet

Proposed inside diameter of casing: _____ inches Manufacturer's rating for pump: _____ hp
Motor: _____ hp

Part III. Purpose for Water Use

Mark (x) all appropriate boxes that describe what the water from the well will be used for:

- | | |
|--|---|
| <input type="checkbox"/> Domestic Use (household / lawn watering at residence) | <input type="checkbox"/> Municipal / Public Water System |
| <input type="checkbox"/> Livestock Watering | <input type="checkbox"/> Industrial / Manufacturing |
| <input type="checkbox"/> Commercial / Small Business | <input type="checkbox"/> Golf Course Irrigation |
| <input type="checkbox"/> Solely to supply water for a rig actively engaged in drilling or exploration operations for an oil or gas well , 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 _____ | <input type="checkbox"/> Supplying water for oil or gas production as required for mining activities , or supplying water to a rig engaged 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. |
| <input type="checkbox"/> Filling a pond or other surface impoundment (check all uses above for water from the pond or impoundment) | <input type="checkbox"/> Other:

_____ |

Describe use: _____

Is Water Well Closure Plan Attached? ☐ Yes ☐ No

If no, sign below as a declaration that the owner will report any closure of the well to the District and will strictly comply with the well plugging regulations of the Texas Department of Licensing & Regulation.

Signature

Is the Replacement Well Application fee attached? ☐ Yes ☐ No (Application will not be approved until receipt of fee.)

- ☐ \$250 – Authorization does **NOT** require Notice and Hearing
☐ \$750 – Authorization **DOES** require Notice and Hearing

Part VI. Certification

I hereby certify that the information provided herein and given herewith is true and accurate to the best of my knowledge and belief. I further certify that all water produced from the well that is the subject of this registration will at all times be put to beneficial use.

The registrant has 120 days from the date of approval to drill and complete the new well and must file the well report with the District within 60 days of completion. Failure to timely file the well completion report will result in being subject to enforcement action. A registrant may apply for up to two extensions of an additional 120 days each, which may be granted by the General Manager without need for consideration or action by the Board. Any additional extensions of time may only be authorized by the Board.

Signature

Print Name

Date

DISTRICT TO COMPLETE THIS SECTION

☐ Well Registration Fee Received Date: _____ Method/Check No.: _____

Check all exceptions required (if needed):

☐ Minimum Tract Size Requirement*

☐ Well Spacing Requirement**

Check all exemptions that apply:

☐ Use-based D&L ☐ Use-based ag irrigation ☐ Use-based Rule 2.3 (exempt from Water Use Fee only)

☐ Capacity-based single well ☐ Capacity-based well system

Well Status Notes:

Reviewed by: _____ Date Reviewed: _____

Well Registration No. _____

Approved by: _____ Date Approved: _____