



**NECHES & TRINITY VALLEYS
GROUNDWATER CONSERVATION DISTRICT**

PO Box 1387 • 212 S. Main, Jacksonville, TX 75766

Phone: (903) 541-4845 • Fax: (903) 541-4869

Email: manager@ntvgcd.org

For District Use Only	
Well ID NO. _____	
Operating Permit Fee	
Paid:	_____
Date:	_____
Permit Approved	
Date:	_____
By:	_____

APPLICATION FOR OPERATING PERMIT

Instructions: Complete one form for each well, type or print, submit along with the Operating Permit Fee (see Schedule of Fees) to the above address. Additional information or explanations may be required. An Application for well drilling or re-working must be submitted prior to, or with this application unless applicant is applying for an existing well or is only requesting an increase in pumping allocation based on historical or expected use.

THIS FORM MUST BE SIGNED AND ACKNOWLEDGED BY A NOTARY. The NTVGCD office will provide notary services at no cost or you may use a notary of your own choosing.

OPERATING PERMIT FEES

Well casing diameter:	less than or equal to 6"	\$50.00
	greater than 6"	\$100.00
	greater than 10"	\$200.00

Well Owner: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Well Location Address: _____ County: _____

Latitude: _____ Longitude: _____

Well Number or Name: _____

For new or re-worked wells:

Date well is anticipated to begin producing water _____

For completed but non-operating wells:

Date well is anticipated to begin producing water _____

For existing operating wells: Date Drilled: _____

Pumping in Gallons per Year: _____

Certification:

- 1.) Applicant agrees that water produced / withdrawn from the well will be put to beneficial use at all times.
- 2.) Applicant hereby agrees to comply with the District's Rules and Management Plan.
- 3.) Applicant hereby agrees to equip permitted wells with a flow measurement device and report pumping and pay production fees quarterly when required under Rule 4.

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

_____ *Print Name*

_____ *Signature of Well Owner or Agent*

_____ *Date*

State of Texas
County of _____

This instrument was acknowledged before me on _____ by _____.

_____ Personally Known
_____ Produced Identification
ID Number and Type of ID _____

_____ *Signature of Notary*

_____ *Name of Notary Typed, Stamped or Printed*