



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 2024

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. ^[SEP]
- 2) The applicant agrees that water produced from the well will be used as stated above. ^[SEP]
- 3) The applicant will comply with all Districts and State well drilling, plugging and capping guidelines in ^[SEP]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. ^[SEP]

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 # _____