

COMAL TRINITY GCD's AUTHORIZATION for BORING, ALTERING, &/or PLUGGING FORM

(To be used when there is no requirement for an Edwards Aquifer Drill Through Well Construction Permit)

Owner's Name: _____ Owner's Email Address: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Primary Phone #: _____ Alternate Phone #: _____

Well Driller Company: _____ Telephone: _____

Texas License Number: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Pump Installer Company: _____ Telephone: _____

Texas License Number: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Physical (911) Well Location: _____ Access Code: _____

City: _____ State: _____ Zip Code: _____ - _____

Well Location Longitude: _____ Well Location Latitude: _____

Check the appropriate identifier:

New Well

Geothermal Well

Plug a Well

Test Boring

Altering an Existing Well — Explanation: _____

Purpose of Well (check all that apply)

Domestic (homeowner well)

Livestock

Irrigation

Industrial

Agricultural

Water Export

Commercial

Public Water System

Monitor Well

Other (specify): _____

Answer each of the following questions:

1. Will the well be drilled, completed, or equipped to produce more than 10,000 gallons per day (6.94 gpm)? Yes No
2. Will the well supply water to more than one household? Yes No If yes # _____
3. Will the well be on, or serving, a tract of land of less than five acres? Yes No
4. If the well is an existing well, do you have the State Well Drillers Report? # _____
5. Is the well connected to an irrigation system? Yes No
6. If yes, in either sq/ft or acres, how large is the area that is irrigated? _____ sq/ft _____ acres
7. Is water produced from the well discharged into a pond or impoundment, other than a swimming pool?
Yes No If yes, describe the pond or impoundment: _____
8. If there is a Sewage Disposal, what type: _____
9. Is property served by a Public Water Supplier (PWS)? Yes No
10. Estimated Start Date: _____ Estimated Completion Date: _____

Well Characteristics (Information may be obtained from driller):

Radius of Boring Bit : _____ (in) Boring Depth: _____ (ft)
Casing Type: _____ Casing's Inner Diameter _____ (in) Depth of Casing: _____ (ft.)
Depth to Water: _____ (ft.) Date and Method of Measurement: _____
How many gallons do you expect to withdraw from well daily? _____ gpd

Additionally, Application Submittal Package must include the following:

1. Deed.
2. Legal description of property (plat or survey).
3. Site map reflecting the distances in feet between Proposed Well and the following:
 - a. Septic System Drain Field and/or Spray Area
 - b. Existing Wells, including neighboring well(s).
 - c. Structures (e.g. buildings).
 - d. Property Lines.
 - e. Neighboring Septic Systems (if well closer than 50').
 - f. Septic Tank location.
 - g. Any Other Sources of Contamination within 50'.
 - h. If the property is in a 100-year flood plain, are all requirements of Chapter 6 submitted? _____

4. Variance request: _____

5. Applicable fee (s) payable to Comal Trinity GCD can be found at www.comaltrinitygcd.com, under Rules Chapter 11.2 (3) a) through h). No Credit Card Payments

(3)a)\$_____ + (3)b)\$_____ + (3)c)\$_____ (3)d)\$_____ + (3)e)\$_____ +
(3)f)\$_____ + (3)g)\$_____ + (3)h)\$_____ = Total \$_____

By signing this form, you declare that you agree to abide by the District's rules and standards, and agree to allow District personnel to enter property to inspect well as authorized in Texas Water Code Chapter §36.123 and District Rule 6.10. By signing this form, you certify that the information provided is true and correct. By signing this form, you acknowledge that the District reserves the right, to the extent allowed by law, to adopt, revise, and supersede rules applicable to registered wells and to require the owner of a registered well to obtain a permit if the well is not exempt from the District's permitting requirements and that the issuance of the well registration by the District shall not limit the District's authority to regulate the well or the production of water from the well, unless the well is otherwise exempt from such authority.

Signature of Owner or (*)Representative: _____ Date: _____

(*) An accompanying, Notarized Representative Authorization Form, is Required.

FOR OFFICE USE ONLY		
Total Fee(s) paid: \$_____	Check No: _____	Received by: _____
Date: _____	Comal Trinity GCD Approval Signature: _____	
Authorization #: _____	Approval Date: _____	