



PECAN VALLEY GROUNDWATER CONSERVATION DISTRICT

107 N. Gonzales, Cuero, TX, 77954

Phone: 361-275-8188

Fax: 361-275-9635

Website: www.pvgcd.org

Email: secretary@pvgcd.org

Exempt Well Application Form

Registration # _____
Application Date: _____
Expiration Date: _____

SECTION 1 – PURPOSE FOR APPLICATION

_____ New Water Well – 30 gpm or less and 5” casing or smaller and 50’ from existing water wells

_____ Replacement Well – Existing water well must be plugged within 30 days

SECTION 2 – APPLICANT/AGENT

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2: _____ Email: _____

SECTION 3 – WELL SITE OWNER (complete ONLY if different from applicant above)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2: _____ Email: _____

Is copy of lease agreement or authorization to act on behalf of landowner attached? _____

SECTION 4 – WATER WELL USE

_____ Domestic _____ Livestock

SECTION 5 – WELL SITE INFORMATION:

Physical address or Driving Directions to Well Location: _____

Is the proposed well at least 50 feet from the nearest property line? YES/NO
Will the proposed well be at least 100 feet from any septic systems on the property? YES/NO
Are there any other water wells on the property? YES/NO

Water Well Driller Name _____

Pump Installer Name _____

_____ I understand this application is valid for 180 days

_____ I agree that I will furnish the district any mechanical log that might be made, and a well completion log verifying the exempt status of the well, within (120) days of completion of this well.

_____ I hereby certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision and that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

_____ I agree to operate the well in accordance with the rules of the Pecan Valley Groundwater Conservation District. I further state that I am the applicant or I am authorized to act for the applicant.

Signature

Date

Printed Name

FOR DISTRICT USE ONLY

Location Information

Latitude _____

Longitude _____

Elevation _____

Accuracy _____

Water Well Completion Form for Well Driller or Pump Installer

Please attach well log with this page and return to PVGCD office

Pump Set: _____

Pump Size: _____

Pump Capacity: _____

Well Capacity: _____

I certify that all statements and information in this form are true and correct. I also declare and certify that the above referenced well has been drilled, equipped, and/or completed so that it meets the rules and regulations of Pecan Valley GCD.

Well Owner or Pump Installer