



Complete this application to receive a permit to transport produced groundwater water to a location outside of the District. This application must be completed in addition to a production permit application.

## Section I. Owner Contact Information

<b>Well Owner /Applicant:</b> _____ Email: _____ Mailing Address: _____ City: _____ Zip: _____ County: _____ Primary Phone: _____ Secondary Phone: _____ Please check the box that appropriately describes the applicant: <input type="checkbox"/> Land Owner/Grantor <input type="checkbox"/> Lessee/Grantee Property lot size: _____ acres  <input type="checkbox"/> Check this box if the physical address is the same as the mailing address. Physical Well Address: _____ City: _____ Zip: _____ County: _____	
<b>Technical Consultant</b> This is the person who may be employed by the applicant to complete this application on the applicant’s behalf.  Consultant Name : _____ Mailing Address: _____ City: _____, Texas Zip: _____ Primary Phone: _____ Secondary Phone: _____ Email: _____	<b>Alternate Point of Contact (Well Site Access)</b> Contact Name : _____ Mailing Address: _____ City: _____, Texas Zip: _____ Primary Phone: _____ Secondary Phone: _____ Email: _____

## Section II. Supporting Ownership Documentation

1. Provide a complete copy of the recorded deed, showing current ownership, legal description, and a date recorded. If the applicant is a lessee/grantee then provide a copy of the recorded easement, lease, or memorandum of lease.
2. Provide a certified copy of the most recent property survey. If a subdivision plat is applicable, please also provide a recorded copy of the subdivision plat.
3. Provide a map of the property or site plan showing the location of the existing or proposed well, the locations of the nearest property lines (50ft setback), the nearest septic tank (150ft setback), the nearest septic absorption field or septic spray area (150ft setback), and the nearest potential sources of contamination (150ft setback).

## Section III. Water Use Types

Select ALL the use types that will be supplied by the requested groundwater production from well(s).

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|---|--|
| <input type="checkbox"/> Irrigation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Agricultural Irrigation</li> <li><input type="checkbox"/> Residential Irrigation (outdoor use only)</li> <li><input type="checkbox"/> Golf Course Irrigation</li> <li><input type="checkbox"/> Sports &amp; Athletic Field Irrigation</li> <li><input type="checkbox"/> Nursery/Greenhouse Irrigation</li> <li><input type="checkbox"/> Other Irrigation _____</li> </ul> <input type="checkbox"/> Public Water Supply (Wholesale, Retail , Municipal, WSC, IOU) | <input type="checkbox"/> Industrial: <ul style="list-style-type: none"> <li><input type="checkbox"/> Operational Processes/Facilities</li> <li><input type="checkbox"/> Facility Landscape</li> </ul> <input type="checkbox"/> Commercial: <ul style="list-style-type: none"> <li><input type="checkbox"/> Operational Processes/Facilities</li> <li><input type="checkbox"/> Facility Landscape</li> </ul> <input type="checkbox"/> Aquifer Storage and Recovery<br><input type="checkbox"/> Commercial Livestock<br><input type="checkbox"/> Other _____ |
|---|--|



## APPLICATION CHECKLIST

The following Items must be completed and submitted with your application form.

### Item 1. Written Descriptive Statements

The applicant must provide a written detailed statement that addresses all of the following components. Please address all of the components below in one “type-written” statement in a word document format. The submitted word document should be signed and dated.

- a) Information describing the availability of water in the proposed receiving area during the period for which the water transport is requested.
- b) Information describing the projected effect of the proposed transporting of water on aquifer conditions, including flow at Barton Springs depletion, subsidence, or effects on existing permit holders or other groundwater users within the District.
- c) A description of the indirect costs and economic and social impacts associated with the proposed transporting of water.
- d) Any proposed plan of the applicant to mitigate adverse hydrogeologic, social, or economic impacts of the proposed transporting of water in the District.
- e) A description of how the proposed transport is addressed in any approved regional water plan(s) and the certified District Management Plan.
- f) A technical description of the facilities to be used for transportation of water and a time schedule for any construction thereof.

### Item 2. Public Notice Contact List/Map

Public notice is required for all nonexempt wells in which a drilling or production application is filed. District staff can provide guidance in collecting this information.

- Tax plat location map showing:**
  - o location of the proposed well/existing well to be modified.
  - o mapped wells within a half ½ mile radius of the proposed well/existing well in reference.
  - o all properties/landowners located within ½ mile radius of the proposed well/existing well in reference.
  - o mapped CCNs or PWS Service areas within ½ mile radius of the proposed well/existing well in reference.
- Mailing List: Registered Well Owners**
  - o Name/Mailing address/Physical addresses of all the registered well owners within ½ mile radius that will receive notice.  
\*It is only necessary to provide notice to property owners with wells (registered well owners should be notified regardless if they are served or not served by a retail water provider). It is not necessary to provide notice to property owners without wells and that are served by a retail water provider.
- Mailing List: Public Water Suppliers**
  - o Name/Mailing address/Physical addresses of all the Public Water Suppliers within ½ mile radius that will receive notice.

### Item 3. Additional information requested by District General Manager

The applicant may be asked to submit other facts, information and considerations deemed necessary by the General Manager for protection of the public health and welfare, and conservation and management of natural resources in the District. If it is determined that additional information is needed, District staff will provide guidance in fulfilling this component of the application.

*For District Personnel Use Only*

Submitted ___/___/___ Staff Initials ___	\$800 Application Fee Chk #: _____
Submitted ___/___/___ Staff Initials ___	Application Form
Submitted ___/___/___ Staff Initials ___	Item 1. Written Descriptive Statement <span style="float: right;">Approved on _____</span>
Submitted ___/___/___ Staff Initials ___	Item 2. Notice List and Map <span style="float: right;">Approved on _____</span>

Application Administratively Complete on : _____ Incomplete on : _____
Signature of Completion (District Staff) _____ Date: _____
Board / General Manager Approval: _____ Date: _____ Drought Delay <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Pumpage Volume: _____ Aquifer : _____ Use Type: _____
Permit Type & Term: _____ Temp Well # or SWN: _____