Barton Springs Edwards Aquifer CONSERVATION DISTRICT

Combo Application for Drilling Authorization & Production Permit

Application Fee - $1325

1124 Regal Row ~ Austin, TX 78748 ~ 512-282-8441 ~ www.bseacd.org

Complete this application for authorization to drill a new Edwards or Trinity well and to receive a production permit. This combined application form can only be used for wells that will produce less than 2million gallons/year from the Edwards Aquifer or less than 650,000 gallons from ANY of the Trinity Aquifers.

Section I. Owner Contact Information

Well Owner /Applicant: _____ Email:_____
Mailing Address:_____ City:_____ Zip:_____ County: _____
Primary Phone:_____ Secondary Phone: _____
Please check the box that appropriately describes the applicant: □ Land Owner/Grantor □ Lessee/Grantee
Property lot size: ____acres

☐ Check this box if the physical address is the same as the mailing address.
Physical Well Address:_____ City:_____ Zip:_____ County: _____

Technical Consultant
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:_____

Alternate Point of Contact (Well Site Access)
Contact Name : _____
Mailing Address:_____
City:_____, Texas Zip:_____
Primary Phone:_____
Secondary Phone: _____
Email:_____

Section II. Supporting Ownership Documentation

1. Property Deed. 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. Property Survey. 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. Site Plan and Coordinates. Provide a map of the property or a site plan showing the locations of the nearest property lines AND the GPS coordinate locations of the following:
   - the existing or proposed well,
   - the nearest septic tank/septic absorption field/ septic spray area,
   - the nearest potential sources of contamination,
   - the nearest existing well.

Section III. Water Use Types

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

☐ Irrigation:
- □ Agricultural Irrigation
- □ Residential Irrigation (outdoor use only)
- □ Golf Course Irrigation
- □ Sports & Athletic Field Irrigation
- □ Nursery/Greenhouse Irrigation
- □ Other Irrigation_____

☐ Public Water Supply (Wholesale, Retail , Municipal, WSC, IOU)

☐ Industrial:
- □ Operational Processes/Facilities
- □ Facility Landscape

☐ Commercial:
- □ Operational Processes/Facilities
- □ Facility Landscape

☐ Aquifer Storage and Recovery

☐ Commercial Livestock

☐ Other_____

Section IV. Well Information

1. Indicate the total number of existing wells on the entire property, in use ____, not in use ____.
2. Will this well be placed in aggregate with an existing permitted well(s)? □ Yes □ No
3. Will the groundwater withdrawn from this well be used in a location different from the well site? □ Yes or □ No
4. Is this a replacement well? □ Yes □ No If yes, what will the status of the old well be? □ in use □ capped □ plugged
5. Aquifer: □ Upper Trinity □ Middle Trinity □ Lower Trinity □ Fresh Edwards □ Other _____
6. Well Coordinates Latitude: _____ Longitude:_____
7. Anticipated Well Capacity (GPM):_____Anticipated Pump Size (HP):_____ Anticipated Pump Depth: _____ Anticipated Total Well Depth: _____

Section V. Declarations

Initial to indicate that the applicant has read and understands the following declarations.

___The applicant agrees that water produced/withdrawn from the well in reference will be put to beneficial use at all times.

___The applicant understands that failure to submit all required application items within the application review period will result in an administratively incomplete application and non-issuance of a permit.

___The applicant will comply with the District Rules and Bylaws, all orders, and permits promulgated pursuant to the District Rules.

___The applicant will comply with well plugging and capping guidelines set forth in these Rules and will report well closures as required in Rule 3-5.

___Many of the incorporated cities within Travis and Hays Counties have ordinances concerning the drilling of wells within their city limits. It is your responsibility to comply with your city ordinances regarding the drilling of wells. The permits issued by the Barton Springs/Edwards Aquifer Conservation District do not confer any right to violate any city ordinances regarding drilling wells within city limits.

___The applicant understands that this permit confers no vested rights in the holder and the permit is non-transferable. **Written notice must be given to the District by the permittee prior to any sale or lease of the well covers by the permit.**

Section VI. Applicant or Authorized Agent Sworn Statement

I hereby make application to the Barton Springs/Edwards Aquifer Conservation District for the purpose indicated above for the water well described herein, and I certify that I am the property owner/grantor or lessee/grantee or an Authorized Agent, and that each and all the statements herein are true and correct, and that I will comply with District Rules, Well Construction Standards, and groundwater use permit and plan requirements. I hereby authorize the District access to this property following reasonable advance notice or, in an emergency, immediately, with such emergency access reported to the owner if advance notice was not possible. The District may access the well for the purposes of inspecting, collecting water quality samples, and investigating conditions relating to the withdrawal, waste, water quality, pollution or contamination of groundwater.

_____ _____ _____

Signature of Applicant or Authorized Agent* **Print Name** **Date**

*(*Notarized Agent Authorization Form Required)*

State of Texas, County of _____ . SWORN TO AND SUBSCRIBED before me by the said owner or agent on this the ____day of _____20__.

_____ _____

Notary Public, State of Texas My commission expires

For District Personnel Use Only

Application Fee Submitted on: __/__/__ Staff Initials____ Application Fee Amount:$_____ Check #: _____
90 day __/__/__ 180day __/__/__

Administratively Complete/Incomplete on : __/__/__ Signature of Staff_____
Signature of General Manager_____ Date: __/__/__
Permit Approval Date __/__/__ Approved by: Board or General Manager
Drought Delay □Yes □No Authorized Pumpage Volume: _____Aquifer :_____
Use Type:_____ Permit Type & Term:_____

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) Permit Type
- State the type of permit that you are applying for (i.e. Conditional Edwards-Class A,B,C,D; Conditional Trinity; Saline Edwards)

b) Nature, Purpose & Location
- Describe the nature and purpose of the various proposed uses including proposed uses by persons other than the well owner.
- Describe the well location and the proposed receiving area from groundwater produced from the well
- Describe Proposed Transfers or Transports – Location and purpose of any water to be resold, leased, transferred or transported.

c) Pumpage Volume
- State the requested permit pumpage volume and provide a description of how the requested pumpage volume was determined. The applicant shall provide pumpage volume calculations based on the type of use, anticipated pumping capabilities, pumping times, pumping frequency, and other pertinent data to substantiate approximate groundwater production. The requested pumpage volume should demonstrate reasonable nonspeculative demand.
- Describe the anticipated pumping rate at which water will be withdrawn from each well.

d) Well Spacing for wells in the Trinity Management Zones ONLY.
- Minimum spacing distances shall be derived from application of the Cooper-Jacob formula:

$$r = \sqrt{\frac{0.3Tt}{S \cdot 10^{\frac{sT}{264Q}}}}$$

where:

r = required minimum distance from other well or property line (feet)

T = transmissivity (gpd/ft)

S = storativity

s = drawdown, which is 0.05 x available drawdown at the location of the nearest property line under this subsection, and 0.01 x available drawdown at the location of the nearest existing well or approved well site for purposes of calculations under Subsection (I)(4) of this Section.

Q = pumping rate (gpm), which shall be the maximum production capacity of the proposed new well; and

t = pumping duration (days), which shall be 36 hours or 1.5 days.

e) Demand Trends
- Describe any anticipated future demand trends, long-term system growth, and associated pumpage needs related to those trends.
- List a breakdown of the projected annual volume by types of use (PWS, commercial, irrigation, industrial, etc.).
- Provide a projected quarterly timeline detailing the anticipated pumpage volumes for the first three to five years of pumping.
- For public water suppliers, provide an estimated or calculated per capita and/or household consumption.

f) Conservation Practices
- Describe any conservation measures or practices that are anticipated or are currently in place.

g) Demonstration of Backup Supply (Only for Class B or Class C Edwards Production Permits)
- Explanation of capability and commitment to use an alternate/backup supply in event of drought declaration
- For PWSs provide explanation that describes how the infrastructure, agreements, rates, and tariffs will be in place during 1st yr of permit

Item 2. Related Permits and Authorizations

Provide a copy of any notices of application made to the TCEQ to obtain or modify a CCN in order to provide water or wastewater service with water obtained pursuant to the requested production permit. Also, provide notice of any pending, denied, or remanded authorization from a local, state, or federal agency relating to water or wastewater.

Item 3. Transfers Documentation

If the groundwater is to be resold, leased, or otherwise transferred to others, provide the location to which the groundwater will be delivered, the purpose for which the groundwater will be used, and a copy of the legal documents establishing the right for the groundwater to be sold, leased, or otherwise transferred, including but not limited to any contract for sale, lease, or transfer of groundwater.

Item 4. User Conservation Plan and User Drought Contingency Plans

District staff can provide you templates for a User Conservation Plan (UCP) and a User Drought Contingency Plan (UDCP). Both will need to be completed, signed, and submitted to the District.

Item 5. Well Construction Design Schematic

You will need to submit a proposed well design schematic. The hydrogeologist/driller can work closely with the District and should provide a well design schematic with specifications to include: *the total depth, borehole diameter, casing diameter and depth, annular seal interval(s), annular sealing method, calculated grout volumes, surface completion specifications, and any other pertinent well construction information.*

Item 6. Well Development Plan

A well development plan that describes the process for handling cuttings and fluids during the well development.

Item 7. 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:
- location of the proposed well/existing well to be modified.
- mapped wells within a half ½ mile radius of the proposed well/existing well in reference.
- all properties/landowners located within ½ mile radius of the proposed well/existing well in reference.
- mapped CCNs or PWS Service areas within ½ mile radius of the proposed well/existing well in reference.

☐ Mailing List: Registered Well Owners

- 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

- Name/Mailing address/Physical addresses of all the Public Water Suppliers within ½ mile radius that will receive notice.

Item 8. 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___	$1325 Application Fee Check #: _____	
Submitted __/__/__ Staff Initials___	Application Form	
Submitted __/__/__ Staff Initials___	Item 1. Written Descriptive Statement	Approved on _____
Submitted __/__/__ Staff Initials___	Item 2. Related Permits and Authorizations	Approved on _____
Submitted __/__/__ Staff Initials___	Item 3. Transfers Documentation	Approved on _____
Submitted __/__/__ Staff Initials___	Item 4. UCP and UDCP	Approved on _____
Submitted __/__/__ Staff Initials___	Item 5. Well Design Schematic	Approved on _____
Submitted __/__/__ Staff Initials___	Item 6. Well Development Plan	Approved on _____
Submitted __/__/__ Staff Initials___	Item 7. Notice List and Map	Approved on _____

Application Administratively Complete on :_____ Incomplete on :_____
Signature of Completion (District Staff)_____ Date:_____
Board / General Manager Approval: _____ Date:_____ Drought Delay □Yes □No
Authorized Pumpage Volume: _____Aquifer :_____Use Type:_____
Permit Type & Term:_____ Temp Well # or SWN:_____