

**Hill Country Underground Water Conservation District**  
**Application for Water Well Permit Amendment**

*508 South Washington - Fredericksburg, Texas 78624*  
*Phone #830.997.4472; Fax #830.997.6721*

**PERMITS ARE ONLY ISSUED TO THE OWNER OF THE PROPERTY WHERE THE WELL IS OR WILL BE LOCATED.**

This application is for a water well permit amendment request. Within sixty (60) days after the General Manager has determined the application is administratively complete it will be placed as an agenda item at a board meeting date when the application will be reviewed by the board. Board meeting dates are subject to change. Faxes will be accepted, however the District must receive the original application within 10 working days from the date the fax was sent.

**Please Complete The Following:**

**1. Applicant Data:** Individual \_\_\_\_\_ Company \_\_\_\_\_

A. Landowner(s) Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

C. Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

D: Hill Country Underground Water Conservation District well code: \_\_\_\_\_

**2. Well Location Information:**

Property Address and/or general direction of permitted well: \_\_\_\_\_  
\_\_\_\_\_

**3. Location of Adjacent Permitted Wells:**

With assistance from the District, attach a map or plat drawn on a scale that adequately identifies all permitted wells within a one-mile radius of the existing permitted well.

Distance from other permitted wells: \_\_\_\_\_

**4. Current Information:**

• Well Usage: \_\_\_\_\_

• Amount Permitted Annually: \_\_\_\_\_

- Pump Size: \_\_\_\_\_

**5. Proposed amendment: (Complete only the ones that are applicable)**

- Increased Amount Permitted Annually: \_\_\_\_\_

**Total Amount Permitted Annually:** \_\_\_\_\_

- Well usage: \_\_\_\_\_
- Pump Size: \_\_\_\_\_

**6. General Information:**

- State the number of total contiguous acres within the property: \_\_\_\_\_  
\_\_\_\_\_

- State the service area, which is that area only to which water is being applied within the contiguous area in which the well is located: \_\_\_\_\_  
\_\_\_\_\_

- State or check type on how water usage is monitored:  Timer  Meter  Electrical Use   
Other: \_\_\_\_\_

- For Irrigation Use - State or check type of irrigation method:  Drip  Center Pivot  Surge  
 Sprinkler  Other: \_\_\_\_\_

- For Irrigation Use - Will groundwater be placed into a surface reservoir (i.e. stock tank) prior to it being pumped to area to be irrigated?  yes  no. If yes, state size in acre-feet of surface reservoir. \_\_\_\_\_

If yes, state pumping schedule for pumping groundwater into and out of surface reservoir. \_\_\_\_\_  
\_\_\_\_\_

- For Irrigation Use - State how groundwater will be transported from well to area to be irrigated.  
 pipeline, distance \_\_\_\_\_  canal/ditch, distance \_\_\_\_\_

- State the anticipated time within the proposed construction or alteration is to begin: \_\_\_\_\_  
\_\_\_\_\_

- State the presently anticipated duration required for the proposed use of the water: \_\_\_\_\_  
\_\_\_\_\_

**7. Please complete the attached Well Permit Water Conservation Plan Assessment and also attach any information showing what water conservation plan or measures permittee has adopted, what water conservation goals permittee has established, and what measures and time frames are necessary to achieve the permittee's established water conservation goals:**

- The District shall determine whether the application, maps, and other materials comply with requirements of this rule. The District may require amendment of the application, maps, or other materials to achieve necessary compliance.

I, the undersigned applicant hereby certify that I have read the foregoing statements and, to the best of my knowledge and belief, all data therein contained are true and correct and complies with all District Rules.

**Executed** this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**STATE OF TEXAS  
COUNTY OF GILLESPIE**

This instrument was acknowledged before me on the day \_\_\_\_\_ of \_\_\_\_\_ , \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public In and For  
State of Texas

<p><b>For District Use Only</b></p> <p>Permit No.: _____</p> <p>Date Submitted: _____</p> <p>Date Document Completed: _____</p> <p>Hearing Date: _____</p> <p>Approved: _____ Denied: _____</p> <p>Permitted Volume: _____</p> <p>Permitted Use: _____</p>
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**WELL PERMIT WATER CONSERVATION PLAN ASSESSMENT**

Name: \_\_\_\_\_

**WATER USE:**

- Municipal: \_\_\_\_\_
- Irrigation: \_\_\_\_\_
- Commercial: \_\_\_\_\_
- Other: \_\_\_\_\_

**FOR MUNICIPAL/COMMERCIAL:**

<b>Does Utility Or Company Have In Place Programs To Promote:</b>	<b>Yes*</b>	<b>No</b>
• Plumbing Retrofit:	_____	_____
• Rain Water Harvesting:	_____	_____
• Xeroscape/Native Plant Use:	_____	_____
• Water Reuse:	_____	_____
• Leak Detection:	_____	_____
• Water Use Audits:	_____	_____
• Lowering Per Capita Water Use:	_____	_____
• Water Conservation Education:	_____	_____
• Water Rationing During Drought:	_____	_____
• Trigger Conditions That Implement Water Rationing:	_____	_____

**FOR IRRIGATION:**

<b>Does Owner/Agent:</b>	<b>Yes*</b>	<b>No</b>
• Monitor Soil Moisture:	_____	_____
♦ Visual Utilizing Printed Guides To Judge Soil Moisture By Feel And Appearance:	_____	_____
♦ Gypsum Blocks:	_____	_____
♦ Tensiometers:	_____	_____
• Periodically Evaluate Irrigation System Efficiency:	_____	_____
• Practice Conservation Tillage:	_____	_____
• Practice Furrow Diking:	_____	_____
• Practice Surge Irrigation:	_____	_____
• Perform Land Leveling:	_____	_____
• Utilize Low-Energy Precision Application (LEPA):	_____	_____
• Utilize Drip Irrigation:	_____	_____
• Eliminate Tail Water:	_____	_____

\*If yes provide available documentation.

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_