

Hill Country Underground Water Conservation District

508 South Washington Street * Fredericksburg, Texas 78624
Phone #830.997.4472 * Email Address hcuwcd@austin.rr.com
Website: hcuwcd.org

PERMIT AMENDMENT APPLICATION

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.

Please check and complete appropriate areas and return this form to the mailing address above.

Fee Requirement: Contact District

HCUWCD Permit # _____ (required)

General Information

New Owner Name: _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ Email: _____

For Change or Combined Use (i.e. Irrigation, Commercial, Non-Community PWS System)

Will the well continue to be used for the purpose it was originally permitted: Yes or No

If yes, please indicate the proposed combined usage: _____

If no, please indicate new proposed use: _____

For a Non-Community Public Water Supply System and/ or commercial has the system engineering plans been submitted to TCEQ: Yes or No

If yes has approval been received: Yes or No

If no estimate time when approval will be received: _____

Complete only for Non-Community Public Water Supply System and/or Commercial use.

1. The total acreage of contiguous groundwater rights owned or controlled, or if applicable, the total acreage within the service area: _____
2. If applicable, average tract size that will be service by the well: _____
3. If applicable, number of connections: _____

4. If applicable, state the total acreage, based on 1/2 acre per connection, outside of the development that will be serviced by the well(s): _____

Service Area Increased

Will the service area remain the same: Yes or No

If no, please state the service area, which is the area only which the water is being applied within the contiguous area in which the well is located: _____

To Request Increased Annual Production Amount

Current permitted annual production amount: _____ Gallons or Acre Feet

Requested increase annual production amount: _____ Gallons or Acre Feet

Total Annual Production Amount: _____ Gallons or Acre Feet

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

| | |
|--------------------------------------|-------|
| For District Use Only | |
| Date Received: | _____ |
| Date Administratively Complete: | _____ |
| Hearing Date: | _____ |
| Approved: Y or N | |
| Use: _____ Annual Production Amount: | _____ |