



Lone Star Groundwater Conservation District
 655 Conroe Park North Drive
 Conroe, Texas 77303
 Phone: (936) 494-3436 Metro: (936) 441-3437 Fax: (936) 494-3438
 Email: info@lonestargcd.org Web Site: www.lonestargcd.org

APPLICATION FOR TEST HOLE PERMIT RULE 2.14

District To Complete

Permit No: _____
 Well Registration: _____
 QB Received: _____

INSTRUCTIONS: Please complete this form and submit it, **along with an application fee of \$150.00 for each well,** to the address listed above. You may attach any additional information to this application that you deem necessary. This Application for Test Hole Permit shall be used for all requests to drill exploratory boreholes for use in evaluating groundwater resources. To the extent practicable, all test bores shall be drilled in accordance with the spacing requirements in Section 3. Any test hole later drilled to serve as a well will require an Operating Permit and compliance with the spacing requirements in Section 3.

Date of Application: _____

SECTION 1 – APPLICANT INFORMATION

Property Owner Name: _____

Applicant Name (if different from property owner)*: _____

Contact Name (if different than above): _____

Mailing Address: _____
 (Street or PO Box) (City) (State) (Zip)

Physical Address: _____
 (Street) (City) (State) (Zip)

Telephone No.: Business (_____) _____ **Fax** (_____) _____

Email address: _____

Engineering / Consulting Firm: _____

Contact Name:
Telephone No.: Business (_____) _____ **Fax** (_____) _____

Address: _____
 (Street) (City) (State) (Zip)

**If property owner and applicant are different, please attach to this Application documentation of applicant's legal authority to drill on property.*

SECTION 2 – DRILLING INFORMATION

Drilling Company: _____ **Phone:** (_____) _____

Driller Name: _____ **License #:** _____ **Fax:** (_____) _____

Address: _____
 (Street) (City) (State) (Zip)

Well Site Address (911 Address): _____

Legal Description: _____

City: _____ **State:** _____ **Zip:** _____

Latitude: _____ **Longitude:** _____

Date the exploratory drilling is estimated to begin: _____ Anticipated completion date: _____

Drilling Method Proposed: _____ Proposed Depth of well: _____

Water-bearing formation(s) that will be penetrated: _____

Water-bearing formation(s) that will be explored: _____

SECTION 3 – CERTIFICATION

APPLICANT'S CERTIFICATION

I, the undersigned Applicant, do hereby affirm that each test bore proposed in this application will be drilled by a licensed Texas water well driller. I affirm that each test bore proposed in this application will be drilled and either completed or sealed in a manner that complies with the requirements of the Lone Star Groundwater Conservation District Rules.

I understand that, within 60 days of the date that this application for a Test Hole Permit is determined to be administratively complete, the General Manager of the District may either approve the application or refer it to the District Board for its consideration. I further understand that if this Application for a Test Hole Permit is approved, the resulting Permit does not authorize me or any other person to access or drill upon property that I do not otherwise have an independent legal right to access or drill. I understand that if this Application for a Test Hole Permit is approved, the resulting Permit shall be valid for a period of no more than one year from the date of issuance.

I acknowledge that I have had an opportunity to obtain the advice of my own legal counsel regarding this request in advance of submitting this Application.

I hereby certify that the information in this Application is true and accurate to the best of my knowledge and belief.

Printed name of Applicant or
Applicant's Authorized Representative

Signature of Applicant or
Applicant's Authorized Representative

State of Texas
County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public's signature
Date Commission expires:

District to Complete

Well Owner: _____

TDLR Tracking No. Received () Yes, Date: _____

Application Received by General Manager _____

Date Admin. Complete: _____

Date of Action: _____

Status: () Approved () Requires Board Approval () Denied