655 Conroe Park North Dr. Conroe, Texas 77303
(936) 494-3436 ~ www.lonestargcd.org
Email: info@lonestargcd.org

RE: Request for Certified Waiver Under (District Rule 3.4(c))

Dear _____:

Applicant, _____is requesting to install a water well on their property located

at _____.
Street Address City State Zip Code

In accordance with Rule 3.4 of the Lone Star Groundwater Conservation District's (Lone Star GCD) 2022 Rules and Regulations (amended June 8, 2022), the proposed placement of the well will require an exception to the well spacing requirements. **You are receiving this notice as your property and/or your registered or permitted well is within the applicable spacing distance and/or have property located within the minimum required distance from the proposed well site as determined by Rule 3.2 and/or 3.3.**

Per Rule 3.4, we are requesting your cooperation in granting a certified waiver to Lone Star GCD's spacing requirement for the proposed well. **If you do not consent to the waiver, you are not required to return this form. If you would like to notify us that you object to this well being drilled and/or operated based on the proposed location, please contact the District via email at info@lonestargcd.org** or **permitting@lonestargcd.org.**

We ask that you please assist us in consenting to a waiver of the District's spacing rules. If you consent to this waiver, please check and sign below.

____ I hereby certify that I waive the Lone Star GCD's spacing requirements as to the well-referenced above and consent to the well being drilled in the proposed location, even though the well does not comply with the District spacing requirements. My signature below consents to this waiver.

_____ _____ ____/____/_____
Printed Name Signature Date

_____ _____ _____
Company Title Contact Number

Sworn to and subscribed before me by _____on this _____ day of

_____, 20____.

_____
Notary Public in and for the State of Texas

My Commission Expires: _____

If you do not consent to provide the certified waiver, please indicate below.

_____

If you have any questions, please contact me at:

Applicant Phone: (____)_____-_____ Applicant Email: _____

Sincerely,

_____
Applicant Signature

Enclosures (map of proposed well location)