Lone Star Groundwater Conservation District

Notice of Alteration to a Well

655 Conroe Park North Dr.
Conroe, Texas 77303
Phone: (936) 494-3436
Email: permitting@lonestargcd.org
Web Site: www.lonestargcd.org

All non-exempt wells require a registration number and an Operating Permit. This form is to be used to notify the District of any alteration or replacement to any existing well or well pumping equipment, or that may otherwise affect the permit conditions of an existing operating permit. (See Rule Section 2.13 & 11.3). **Please complete all questions, print and fill in the appropriate spaces before submission.**

If you are completing this form on behalf of the property owner, submittal of the Delegation of Signatory Authority and Documentation of Authority Form is required.

I. Purpose For This Form (Select All That Apply and Complete the Relevant Sections)

☐ Substantial Alteration to an Existing Well or Well Pump Equipment (Please fill out an Application to Amend an Operating Permit)

A substantial alteration to a well or a well pumping equipment is a major permit amendment and requires you to fill out an Application to Amend an Operating Permit. A substantial alteration with respect to a well, means to alter the well in any way that could result in the well being completed in an aquifer other than the current permitted aquifer, and with respect to the well pumping equipment, means to replace or alter the well pump in order to increase or in such a way that increases the Maximum Allowable Pumping Rate.

If you are substantially altering a well or well pump equipment, you can stop filling out this form and instead submit an Application to Amend an Operating Permit.

☐ Non-substantial Alteration to an Existing Well

Water Well Contractor documentation for alterations to an existing well and / or the well pumping equipment shall be provided to LSGCD. Alterations to the existing well shall not result in a change in aquifer from what is stated on the LSGCD Operating Permit. The well pump and pumping equipment shall not be designed to be capable of producing a pumping rate greater than the Maximum Allowable Pumping Rate of the well as stated on the LSGCD Operating Permit.

Minor Amendments to an Operating Permit do not require approval by Board of Directors.

☐ Replace or alter well pumping equipment to maintain (***not increase***) the Maximum Allowable Pumping Rate of the well as stated on the LSGCD Operating Permit.

Water Well Contractor documentation for alterations to an existing well and / or the well pumping equipment shall be provided to LSGCD. Alterations to the existing well shall not result in a change in aquifer from what is stated on the LSGCD Operating Permit. The well pump and pumping equipment shall not be designed to be capable of producing a pumping rate greater than the Maximum Allowable Pumping Rate of the well as stated on the LSGCD Operating Permit.

Minor Amendments to an Operating Permit do not require approval by Board of Directors.

☐ Other. Explain:

_____

Note: *Transfer of Ownership, Withdrawal of Permit, Spacing Exception, Replacement Well, Test Hole, and Emergency Permit Applications are found on District website.*

II. Property Owner Contact Information (Required for All Requests)

Property Owner/Permit Holder Name

Name_____
If Property Owner/Permit Holder Name does not match the existing Operating Permit, contact the District for additionally required form(s).

Email: _____ Phone: _____

_____
Mailing Address *(Suite/Unit # if applicable)* City State Zip

If the Operating Permit is in a company name, include individual contact information below.

Contact Name (if different from above):_____ Title: _____

Email:_____ Phone: _____

_____
Mailing Address (*Suite/Unit # if applicable*) City State Zip

If the Application Contact is different from Property Owner/Permit Holder, include individual contact information below.

Contact Name (if different from above):_____ Title: _____

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Email:_____ Phone: _____

_____
Company Address (*Suite/Unit # if applicable*) City State Zip

Email: _____

III. Billing Contact Information

This contact will receive the Water Use Fee invoices. Water Use Fees are billed annually in perpetuity.

Contact Name (if different from above):_____

Title:_____

Email:_____

Phone:_____

_____
Company Address (*Suite/Unit # if applicable*) City State Zip

Email: _____

IV. Alterations or Replacements Being Requested

Existing Operating Permit number: _____ Well Registration to be altered/replaced: _____

- Alteration to an Existing Well
  - Modification of the Well Total Depth
    - Original Well Total Depth, feet:_____
    - Modified Well Total Depth, feet:_____
    - Method Used to Modify Total Depth:_____
  - Modification of the Well Screened Interval
    - Original Well Screened Interval, feet:_____
    - Modified Well Screened Interval, feet:_____
    - Method Used to Modify Well Screen Interval:_____
  - Installation of Internal Screen and Blank Liner
    - Original Well Casing and Screen Diameter(s), inches:_____
    - Internal Liner Diameter, inches:_____
    - Internal Liner Setting, feet: _____
  - Other (explain):_____
- Replace or alter well pumping equipment to ***maintain*** (not increase) the Maximum Allowable Pumping Rate of the well as stated on the LSGCD Operating Permit.
  - Replace or Alter Well Pump
    - Original Well Pump Maximum Instantaneous Pumping Rate, gpm:_____
    - Replacement / Altered Well Pump Maximum Instantaneous Pumping Rate, gpm:_____
  - Alter Well Pump Horsepower
    - Original Well Pump Horsepower:_____
    - Modified Well Pump Horsepower:_____

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- Alter Well Pump Setting
  - Original Well Pump Setting, feet:_____
  - Modified Well Pump Setting, feet:_____

- Other (explain):_____

Is this well tied to a Historic Use Permit? ☐ Yes ☐ No
If "Yes", contact the District for additional information regarding HUP conversion options.

Provide a detailed description of how the well will be altered including each characteristic that would be changed from existing Operating Permit conditions (e.g., changing HP of well from 50 to 100 HP, change in well screening interval). See hydrogeological requirements.

_____

_____

_____

V. Required Documents

Please initial (or insert "N/A" for Not Applicable) that you have attached the below documents:

____ Delegation of Signatory Authority and Documentation of Authority Form

____ Proof of Property Ownership

____ Application Fee

VI. Acknowledgement

By signing this form, I understand, agree, and certify that:

A. This well shall be drilled by a TDLR licensed driller and/or apprentice within 30 feet of the location specified;
B. I will furnish the District with a copy of the completed driller's well report log within 60 days of completion of this well and prior to production of water. (other than such production as may be necessary to the drilling and testing of such well);
C. In using this well, I will avoid waste, achieve water conservation, protect groundwater quality and the water produced will be for a beneficial use;
D. I will comply with all District and State well plugging and capping guidelines in effect at the time of well closure;
E. The terms of the District Rules, the District Management Plan and orders of the District Board of Directors currently in effect and as they may be modified, changed and amended from time to time;
F. Applicant understands and agrees that all non-exempt wells are required to equip permitted well(s) with a flow measurement device as required under District Rule's Section 11 and record monthly meter readings and report meter recorded meter readings at least annually to the District.
G. Applicant understands and agrees that if submitted application is approved, the owner of the permit will be charged the District's current Fee Rate for the year it is calendar year it is approved and on the annualized basis in perpetuity. For example, a permit approved in December will be charged for the full calendar year Water Use Fee, irrespective of drilling or usage.
H. Applicant understands and agrees that, in the event the total annual regulatory water use fee payment equals an amount less than $10.00, the regulatory water use fee payment to be assessed to such a permit shall be the "Minimum Regulatory Water Use Fee" established as $10.00 by the LSGCD Board of Directors.
I. I agree that if the well is located in a flood prone area, well owner will comply with Administrative Rules of the TDLR 16, Texas Administrative Code, Chapter 76 Rule 76.1000;
J. I agree to follow well spacing requirements in District Rules 3.2-3.3 and Administrative Rules of the TDLR 16, Texas Administrative Code, Chapter 76
K. Rule 76.1000;
L. Upon sale of the property, I agree to notify the buyer that a Transfer of Ownership is required by the District.
M. I hereby certify that the information given here in is true and accurate to the best of my knowledge and belief.
N. I acknowledge the application fees are due at the time of submittal of application and are nonrefundable regardless of application status, including but not limited to, approvals, expirations, withdrawals, or other.

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I hereby certify that the information given herein is true and accurate to the best of my knowledge and belief.

_____/____/_____

Applicant Signature Print Name Date

District to Complete

☐ Applicant required to fill out Application to Amend Operating Permit

☐ Minor Permit Amendment Approved

☐ No further action is necessary

_____ _____

Sarah Kouba **Well Registration No.**

General Manager
Lone Star Groundwater Conservation District

_____

Date Approved