

Bluebonnet Groundwater Conservation District

303 E. Washington Ave., P.O. Box 269

Navasota, TX 77868

Phone: 936-825-7303 Fax: 936-825-7331

Email: BGCD@bluebonnetgroundwater.org

BGCD Well ID #: _____

WELL AGGREGATION PERMIT APPLICATION

Please complete all questions. Please print or type information or place an "x" in the appropriate space.

Well Owner _____ Phone _____

Address _____

Fax: _____ Email: _____

Well Information:

Number of permitted wells to be aggregated: _____

A separate Well Identification Information Sheet must be completed and attached to this application for each well to be aggregated.

Authorization to produce the following quantity of water annually from this well is: _____ Gallons

The total quantity of water produced under an aggregation permit may not exceed the total of the individual production of the wells aggregated.

The permit period for an aggregation permit is the same period as the individual well operating permits for the wells aggregated and the aggregation permit period and the individual well operating permit periods will be adjusted by the District so that all permit periods are identical.

The following documentation, attachments and fee payments must accompany this application when it is submitted for consideration by the District.

- a. Plat or map showing location of the wells for which this application is submitted.
- b. All the information and documentation required by Section 8 of the District Rules must be on file at the District Offices, or submitted as part of separate Operating Permit Applications, for each well to be included in the requested Aggregation Permit. This application must be in strict compliance with Section 8, Rule 8.14 of the District Rules.
- c. Payment of the Well Aggregation Fee for each well to be aggregated must accompany the application.

I, the undersigned applicant, hereby agree and certify that:

- a. in producing and using water under this permit, I will avoid waste, achieve water conservation, protect groundwater quality and the water produced from this well will be for a beneficial use;
- b. I agree to abide by 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;
- c. I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Well Identification Information

Production from the following well is requested to be aggregated with the other wells identified in this application. A separate Well Identification Log must be completed for each well to be considered for aggregation. The log can be found on page 2 of this application.

BLUEBONNET GROUNDWATER CONSERVATION DISTRICT

Permit application approved on: _____

By: _____ Zach Holland, General Manger

(continued) WELL AGGREGATION PERMIT APPLICATION (continued)
WELL IDENTIFICATION LOG

BGCD Well Identification Number: _____ **BGCD Operating Permit Number:** _____

911 address of well site _____

Permitted annual production from this well: _____ Gallons

(If operating permit has not been issued, enter annual production requested in Operating Permit Application on this line.)

BGCD Well Identification Number: _____ **BGCD Operating Permit Number:** _____

911 address of well site _____

Permitted annual production from this well: _____ Gallons

(If operating permit has not been issued, enter annual production requested in Operating Permit Application on this line.)

BGCD Well Identification Number: _____ **BGCD Operating Permit Number:** _____

911 address of well site _____

Permitted annual production from this well: _____ Gallons

(If operating permit has not been issued, enter annual production requested in Operating Permit Application on this line.)

BGCD Well Identification Number: _____ **BGCD Operating Permit Number:** _____

911 address of well site _____

Permitted annual production from this well: _____ Gallons

(If operating permit has not been issued, enter annual production requested in Operating Permit Application on this line.)

BGCD Well Identification Number: _____ **BGCD Operating Permit Number:** _____

911 address of well site _____

Permitted annual production from this well: _____ Gallons

(If operating permit has not been issued, enter annual production requested in Operating Permit Application on this line.)

BGCD Well Identification Number: _____ **BGCD Operating Permit Number:** _____

911 address of well site _____

Permitted annual production from this well: _____ Gallons

(If operating permit has not been issued, enter annual production requested in Operating Permit Application on this line.)