Hemphill County Underground Water Conservation District PO Box 1142 Phone: (806) 323-8350

Canadian, TX 79014

info@hemphilluwcd.org

APPLICATION for PRODUCTION PERMIT AMENDMENT or RENEWAL

For D	District Use Only				
Applic	cation No:	Date Receive	Date Received:		
lime	Received:	Date Filed Ac	am. Complete:		
	Approved by Gen Mgr: # Drilling Permit #	Date Board o	f Directors Action: Export Permit #		
V V C II T	Expiration	Date:(5 Y	Export Permit #		
	·				
		ncomplete applications will be re	eturned to the applicant. Please submit		
-	te form for each well.	. A	Co. of #125 00		
			fee of \$125.00 must accompany thit to the Hemphill County Underground		
Water	Conservation District will be accept	ed. NO CASH PLEASE. Add	ditional funds may be required from the		
applica	ant, if necessary, to reimburse the Dis	strict for the costs of processing the	ne application.		
1.	Permit Application Type: (check	all that apply)			
	Application to Renew Produc	ction Permit Applica	ation to Amend Production Permit		
2					
2.	Permit Application Amendment	t to modity one or more of th	e tollowing: (check all that apply)		
	Applicant Information	Well Location	Type of Well		
	Well & Pump Information	Production Informatio	n		
	Conveyance Information	Place of Use	Other Resources		
	A	uthorization to Produce Ground	water		
3.	<u>Application Information</u>				
I1	ndividualPartnership	Gov Entire	tyEstate/Trust/Guardianship		
a.	Name:				
b.	Physical Address:				
	Mailing Address:				
	City:	State:	Zip Code:		
c.			Work:		
d.	-				
e.	Other Contact (Agent, Producer, Operator):				
	Mailing Address:	• ,			
	City:				
f.			Work:		
σ	Email Address:				

4.	Well Location				
a.	LATITUDE:	Degrees	Minutes	Seconds	
	LONGITUDE:	Degrees	Minutes	Seconds	
b.	This well is or will b	e located in the (select on	ne)NW ¼ _	NE ¼SW	½SE1/4 of
	Section:	Block:	Survey:		,
	andmi	Texas. This well is or will les (select one)East	West of the	town of Canadian, Te	
c.	Owner of Property ((if different from well owr	ner/applicant):		
	Physical Address:				
	Mailing Address:				
	City		State:		Zip Code:
d.	Telephone Number	s:			
	Home:	Cell:_		Work:	
e.	Email:				
produ this de	ne aquifer prior to, and cing equal to or less the efinition, a well is in o	duction Well – An Existing in operation on, June 8, nan 288,000 gallons of grouperation if groundwater is fication or alteration, the	2008, and drilled, oundwater a day (20 s being produced from	completed, or equippe 00 gpm) from the aqui om the well, or the we	ed to be capable of ifer. (For purposes of ell is equipped such
into the produdefinit	Existing Large Pro- ne aquifer prior to, and cing more than 288,00 tion, a well is in opera	duction Well – An Existing in operation on, June 8, 00 gallons of groundwater is being on or alteration, the well in	ag Large Production V 2008, and drilled, or a day (200 gpm) fr ng produced from t	Well is any well or exp completed, or equippe com the aquifer. (For the well, or the well is	loratory hole drilled ed to be capable of purposes of this
comp	er after June 8, 2008, c	tion Well – A New Small A or drilled prior to June 8, 2 be capable of producing ed	2008, but not in ope	eration on that date, th	nat is or will be drilled,
-	er after June 8, 2008, colleted, or equipped to b	tion Well – A New Large In drilled prior to June 8, 2 pe capable of producing m	2008, but not in ope	eration on that date, th	nat is or will be drilled,



6.	Well and Pump Information				
a.	Pump Type:SubmersibleTurbineJe	etPist	onOther:	<u> </u>	
b.	Pump Power Source:ElectricDieselN	Natural Ga	nsWind _	Solar Other:_	
C.	Pump Motor Size:Horsepower		•	of this well:	01
e.	Casing Material:Steel PVC			well's casing:	
g.	Size of Well Casing: Inches		_	water:	
i.	Inside Diameter of Column Pipe:Inches	j.	Actual Well D	rill Date:	
7.	Production Information				
Groun	ndwater Production Allowance – Applicant will r	eceive the	e lesser of the	following amou	nts of
groun	dwater as set out in the permit:				
a.	Beneficial Use: Select each applicable use of water	r and the	anticipated ar	nnual usage:	
	AgriculturalCommercialDo	mestic*	Industri	ialIrrigat	ion
	Livestock**Municipal Other(p	olease spe	cify):		
Use:_	Amount Used:				
Use:_	Amount Used:		gallons or	acre fe	et per year.
	Amount Used:				
Total	amount of groundwater to be used:		gallons or	acre fee	t per year.
*Numl	per of Households to be serviced by the well:				
**Nun	nber of Acres in Tract of Land:				
If No.	num Spacing Requirements in Rule 5.407 (Table , was appropriate waiver(s) obtained: Yes	No)	_ No	
C.	Maximum Rate of Withdrawal Requested:		gpm		
thickr	Acceptable Decline Rate: The amount of groundwa ater level of the aquifer does not decline by greate ness of the aquifer at the point at which the well point ated thickness maps of the District.	er than 1%	per calendar	year of the satu	rated
Est. S	Saturated Thickness:ft. X 1%=	fee	t of allowable	e yearly decline.	
Sourc	e of saturated thickness data (choose one):				
	Driller's Log **				
	Test Hole Log**				
	District Saturated Thickness Map				
	Other**				
applic	atic Water Level Measurements must be dated wit eation. The source of data must contain the Static arement, and the depth to the Red Bed Formation	c Water L	evel Measure	ment, the source	
e. If yes,	SCDA Condition: Has this well been identified in please enter the Effective Date as set out in the C				

8.	Conveyance Information		
a.	Will water be conveyed a distance g	greater than ½ mile from the well?Yes	No
b.	If yes, will the water be conveyed th	nrough a pipeline? YesNo	
C.	_	3:	
9.	Place of Use		
a.		property where the produced water is to be us	
of the	use, include the county or counties v	where water will be used:	
	Is the place of use located outside o	f the Dietrict's houndaries? Vec	No.
b.	is the place of use located outside o	of the District's boundaries?Yes	_No
10.	Other Resources		
a.	Identify any other liquids, the availa	ability of which is both technically feasible an	d economically
		or the stated purposes of use of the groundwat	
_		ne quality and quantity of the alternate source	
additi	onal sheets if necessary, identified as	Exhibit A).	
11.	Authorization to Produce Ground	water	
a.		m the property used to qualify spacing require	ements heen
	1, sold, or transferred to another party		inches occir
b.		with their contact information and attach pro-	of of applicant's
autho	rization to drill and produce groundy		11
	Name:	Phone:	
	Address:	Email:	
	City:	State:	Zip Code:
12.	Certification†		
		affirm that the information provided herein,	
		nderstand that it shall be considered fraud upo	on the District for
any a	pplicant to willfully give erroneous in	normation in this application.	
Signe	d:	Date:	
Printe	ed Name:	Title:	

I, the undersigned applicant, subscribe and affirm that the information provided herein, is to the best of my knowledge, true and correct. I also understand that it shall be considered fraud upon the District for any applicant to willfully give erroneous information in this application.

Signed:	Date:		
Printed Name:	Title:		

<u>t If the applicant is an individual</u>, the application shall be signed by the applicant or a duly appointed agent. An agent shall provide written evidence of his or her authority to represent the applicant. If the applicant is an individual doing business under an assumed name, the applicant shall attach to the application an assumed name certificate from the county clerk of the county in which the principal place of business is located.

<u>A joint application</u> shall be signed by each applicant or each applicant's duly authorized agent with written evidence of such agency submitted with the application. If a well or proposed well is owned by husband and wife, each person shall sign the application. When there are numerous joint applicants, they may select one among them to act for and represent the others in pursuing the application with the District with written evidence of such representation to be submitted with the application.

<u>If the application is by a partnership</u>, the application shall be signed by one of the general partners. If the applicant is a partnership doing business under an assumed name, the applicant shall attach to the application an assumed name certificate from the county clerk of the county in which the principal place of business is located. The name of the partnership must be followed by the words "a partnership".

<u>If the applicant is an estate or guardianship</u>, the application shall be signed by the duly appointed guardian, trustee, or representative of the estate and a current copy of the letters of testamentary issued by the court shall be attached to the application.

If the applicant is a corporation, public district, county, municipality, or other corporate entity, the application shall be signed by a duly authorized official. Written evidence in the form of bylaws, charters, or resolutions specifying the authority of the official to take such action shall be submitted along with the application. A corporation may file a corporate affidavit as evidence of the official's authority to sign. If the applicant is acting as trustee for another, the applicant must sign as trustee and in the application shall disclose the nature of the trust agreement and give them the name and current address of each trust beneficiary.

If the applicant or registrant is acting as trustee for another, the applicant or registrant shall sign as trustee and in the application shall disclose the nature of the trust agreement and give the name and current address of each trust beneficiary. The application must designate the trustee's name followed by the word "trustee", and the name of the trust for who the trustee is acting.

STATE OF TEXAS	\$			
	\$			
COUNTY OF	S			
BEFORE ME, a notary publi who stated that (1)he/she has his/her knowledge and profes he/she is duly authorized to s	s read the foregoing ssional experience	ng application and any se, the statements contain	upporting attachments and that, to ned therein are true and accurate; a nit applicant.	o the best of and (2) that
Subscribed and sworn to befo	re me on this	day of	,	·
Notary Public Signature				
STATE OF TEXAS	\$ \$			
COUNTY OF				
his/her knowledge and profes he/she is duly authorized to s	s read the foregoing ssional experience sign this applicati	ng application and any see, the statements contain ion on behalf of the perm	upporting attachments and that, to ned therein are true and accurate;	and (2) that
Subscribed and sworn to belo	re me on this	day of		·
Notary Public Signature				
For District Use Only				
Application Fee\$	Paid by:		Date Received:	
Deposit Amount \$	Paid by:		Date Received:	
Refund Deposit \$	Paid by HC	UWCD Check #	Refund Date:	