

APPLICATION

(Drill, Equip, Complete, Register, or Alter the Size of a Well)

MENARD COUNTY UNDERGROUND WATER DISTRICT

All proposed well locations must be approved by the District prior to drilling. This notice of intent to drill maybe mailed or emailed to district staff for review. Drilling may begin immediately upon receiving approval by District Staff. The drilling of a new well is at your own risk and subject to the rules of the District.

INSTRUCTIONS: Please complete all applicable questions. Please type or print.

Please return this form to Menard Co. UWD with the \$100 registration fee.

CONTACT INFORMATION:

Property Owner: _____ Phone: _____

Property Name According to Menard CAD: _____

Mailing Address: _____

E-mail: _____

Property Address (if different): _____

Number of Contiguous Acres: _____ acres Other Wells in the District: _____

CAD Property ID: _____ Survey: _____ Section: _____ Abstract: _____

Block: _____ Lot: _____ Tract: _____

PURPOSE FOR APPLICATION

New well Well Name: _____

Register Existing Well

Alter/Amend Existing/ Replacement well; briefly explain: _____

If a replacement well, what will be the status of the old well? Capped Plugged In Use

DRILLING INFORMATION:

Drilling Company: _____ Contact: _____

E-mail: _____ Phone: _____ License #: _____

Proposed GPM: _____ Total Annual Water Use Requested: _____ ac/ft/year Depth: _____ ft

Type of Pump: Submersible Turbine Windmill Other: _____

Size of Pump: _____ Depth Proposed: _____ Casing Diameter: _____

Well Use: Domestic Livestock Irrigation Public Water Supply Industrial

Oil/Gas Exploration Other: _____

Latitude: _____ N Longitude: _____ W

I declare that all groundwater withdrawn will be put to beneficial use at all times, and that I will abide by the Management Plan and the Rules of the Menard County Underground Water District.

Applicant Signature

Date

Return this completed form to:

E-mail: manager@menardcountyuwcd.org

P.O. Box 1215

Menard, TX 76859

Any Questions:

Phone: 325-396-3670

To be Completed by MCUWD Staff:

Registration Approved: _____ Date: _____

Received Fee From: _____

Cash Check # _____ Tracking #: _____