

PERMIT SUPPLEMENT FOR AGGREGATION

In issuing a permit, the authorized withdrawal for a given well may be aggregated with the authorized withdrawal from other permitted wells designated by the District.

1. WELL OWNER(S)		(if multiple owners, attach list)	
Name:			
Address:			
City/State/Zip:			
Telephone:			Cell:
Email:			Fax:

2. WELL APPLICANT		(if other than owner)	
Name:			
Address:			
City/State/Zip:			
Telephone:			Cell:
Email:			Fax:

3. LO	3. LOCATION OF WELL #1									
Is well curr	Is well currently permitted? If so, what is permit number?									
Well Site P	Well Site Physical Address or Description:									
City:					Zip:					
Latitude:	(deg)	(min)	(sec) N		Longitude	:	(deg)	(min)	(sec) W	
If latitude and longitude unknown, attach a map showing location.				location.	Elev	ation:	feet			

4. INFORMATION FOR WELL #1										
Maximum Pumping Capacity: gpm	Total Depth o	f Well:	feet							
Screening Intervals:										
Type of Pump:			Depth to P	ump:						
Inside Diameter of the Pump (Discharge):	inches		Horsepowe	er:	hp					
Diameter of Casing: inches										

5. LOCATION OF WELL #2									
Is well currently permitted? If s				If so, what is permit number?					
Well Site P	Well Site Physical Address or Description:								
City:				Zip:					
Latitude:	(deg)	(min)	(sec) N	(sec) N Longitude: (deg) (min) (sec) W					
If latitude and longitude unknown, attach a map showing location				ng location.	Elevation:	feet			

6. INFORMATION FOR WELL #2			
Maximum Pumping Capacity: gp	m	Total Depth of V	Nell: feet
Screening Intervals:			
Type of Pump:		De	epth to Pump:
Inside Diameter of the Pump (Discharge):	: inche	s Ho	orsepower: hp
Diameter of Casing: inches			

7. LOCATION OF WELL #3								
Is well curre	Is well currently permitted? If so, what is permit number?							
Well Site Ph	Well Site Physical Address or Description:							
City:				Zip:				
Latitude:	(deg)	(min)	(sec) N	(sec) N Longitude: (deg) (min) (sec) N				
If latitude and longitude unknown, attach a map showing location.				Elevation:	feet			

8. INFORMATION FOR WELL #3		
Maximum Pumping Capacity: gpm		Total Depth of Well: feet
Screening Intervals:		
Type of Pump:		Depth to Pump:
Inside Diameter of the Pump (Discharge):	inches	Horsepower: hp
Diameter of Casing: inches		

9. LO	CATION OF	WELL #4					
Is well curr	Is well currently permitted? If so, what is permit number?						
Well Site P	hysical Addr	ess or Descrip	tion:				
City:				Zip:			
Latitude:	(deg)	(min)	(sec) N	Longitude	: (deg)	(min)	(sec) W
If latitude and longitude unknown, attach a map showing location.				Elevation:	feet		

10. INFORMATION FOR WELL #4			
Maximum Pumping Capacity: gpm		Total Depth of Well:	feet
Screening Intervals:			
Type of Pump:		Depth to I	Pump:
Inside Diameter of the Pump (Discharge):	inches	Horsepow	ver: hp
Diameter of Casing: inches			

11. LO	CATION OF	WELL #5						
Is well currently permitted? If so, what is permit number?								
Well Site Pl	Well Site Physical Address or Description:							
City:					Zip:			
Latitude:	(deg)	(min)	(sec) N		Longitude	e: (deg)	(min)	(sec) W
If latitude and longitude unknown, attach a map showing location. Eleva					Elevation:	feet		

12. INFORMATION FOR WELL #5									
Maximum Pumping Capacity: gpm	city: gpm		of Well:	feet					
Screening Intervals:									
Type of Pump:			Depth to P	ump:					
Inside Diameter of the Pump (Discharge):	inche	S	Horsepowe	er: hp					
Diameter of Casing: inches									

13. DISTRIBUTION SYSTEM AND METERING

Are wells on contiguous acreage?

Do current wells have meters?

Will there be plans for a central (single) meter that encompasses all the wells?

Provide a map showing well locations and outline of acreage.

CERTIFICATION:

I hereby agree that water produced/withdrawn from the proposed well(s) in this application will be put to beneficial use at all times. I further certify that the information given herewith is true and accurate to the best of my knowledge and belief. I hereby declare that the well owner or authorized permittee will comply with well plugging guidelines and will report the well closure to the District.

Signature of Well Owner or Agent

Date

State of Texas, County of _____

This instrument was acknowledged before me on this _____ day of _____, ____, ____,

by _____

(Printed Name)

(Notary Public Signature)