



P.O. Box 667
 910 Milam St.
 Columbus, TX 78934
 979 732 9300 Phone
 979 732 9301 Fax
 www.ccgcd.net

Permit Renewal Application

1. CLASSIFICATION		
What is the permit number for this well or well system?		
2. WELL OWNER AND/OR PERMIT APPLICANT		
Name:		
Address:		
City/State/Zip:		
Telephone:		Cell:
Email:		
3. WELL CAPACITY AND USAGE		
Has the pump capacity of the well been increased? () Yes () No		
Has the usage of the well changed? () Yes () No If yes, what is the new usage?		
4a. PROJECTED WATER USAGE (Irrigation and Waterfowl only)		
Do you anticipate using LCRA water for irrigation and/or waterfowl? () Yes () No		
YEAR 1 PROJECTED IRRIGATED CROP OR OTHER WATER USE (LIST WATERFOWL AS A CROP)		
Crop:	Number of Acres:	Projected Water Usage:
Crop:	Number of Acres:	Projected Water Usage:
Crop:	Number of Acres:	Projected Water Usage:
YEAR 2 PROJECTED IRRIGATED CROP OR OTHER WATER USE (LIST WATERFOWL AS A CROP)		
Crop:	Number of Acres:	Projected Water Usage:
Crop:	Number of Acres:	Projected Water Usage:
Crop:	Number of Acres:	Projected Water Usage:
YEAR 3 PROJECTED IRRIGATED CROP OR OTHER WATER USE (LIST WATERFOWL AS A CROP)		
Crop:	Number of Acres:	Projected Water Usage:
Crop:	Number of Acres:	Projected Water Usage:
Crop:	Number of Acres:	Projected Water Usage:
4b. PROJECTED WATER USAGE (Any usage besides Irrigation and Waterfowl)		
Type of Water Usage:	Projected Annual Water Usage:	
5. METERS		
Is your well or well system metered? () Yes () No		

CERTIFICATION:

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and agree that water produced/withdrawn from the proposed well(s) in this application will be used for beneficial use at all times. I further agree to abide by District rules.

Print Name
Signature of Well Owner or Agent
Date