

KENEDY COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 212
 SARITA, TX 78385
 PHONE: 361-294-5336
 FAX: 361-294-5244
 EMAIL: GENERAL_MANAGER@KENEDYGCD.COM

RECEIVED:

REPLACEMENT WELL APPLICATION/REPORT

To qualify as a replacement well, the well that is being replaced must be properly registered or have an operating permit and be in compliance with District Rules.

A. WELL OWNER INFORMATION

Owner Name		Contact Person, if different		Mailing Address			
City		State		Zip Code		Phone Number	
Alternate Phone Number		Fax		Email			

B. AGENT'S INFORMATION (IF DIFFERENT FROM WELL OWNER)

Name		Mailing Address					
City		State		Zip Code		Phone Number	
Alternate Phone Number		Fax		Email			

C. EMERGENCY REPLACEMENT WELL:

The well was replaced prior to notifying the District because there was an emergency with the potential to affect human or livestock health or safety. **Yes** _____ **No** _____

D. WELL CHARACTERISTICS:

	Original Well:	Replacement Well:
State Well Number:		
District Well Number:		
Well Location (GPS co-ordinates):		
Type of well or well use (based on Rule 2 definitions):		
Production capability/pumping capacity:		

If the Replacement Well is an exempt well and it is to be located closer to the adjoining property lines than the Original Well or will have a larger pumping capacity than the Original Well, attach a copy of the variance approved by the District based on a waiver or easement from the adjoining property owner under Rule 10.5.D.

E. WELL REGISTRATION. An approved registration for the Original Well must be on file with the District.

F. OPERATING PERMIT. If the Original Well is a non-exempt well, an approved Operating Permit must be on file with the District. If changes are being made other than the location of the well, the Operating Permit must go through the amendment process.

G. SIGNATURE

By signing this form, I declare that the information provided in this form is true and correct, to the best of my knowledge and belief. I understand that it is the Well Owner's responsibility to plug the well that is being replaced within 30 days of completion of the replacement well and to ensure that within 30 days after plugging, a State of Texas Plugging Report is submitted to the District.

I further declare that the location of the replacement well is no nearer to adjoining property lines than the well it is replacing and that the replacement well will not have the capability of producing more water than the well it is replacing, or the replacement well is an exempt well and I have obtained a waiver or easement from the adjoining property owner under Rule 10.5.D [INSTRUCTIONS: If a waiver or easement has been obtained, attach a copy of the variance approval.]

Signature of Well Owner or Authorized Agent: _____

Printed Name: _____

Date: _____

FOR DISTRICT USE ONLY

Approved registration application for Original Well?	Yes / No
Approved operating permit for Original Well?	Yes / No/ Not Applicable
Changes requiring amendment to operating permit?	Yes / No/ Not Applicable
Adjoining property owner waiver and District variance under Rule 10.5.D?	Yes / No/ Not Applicable
Timely filed? (Within 2 business days if emergency; prior to drilling replacement well, if not emergency)	Yes / No
Does this well qualify as a replacement well?	Yes / No
Approved by:	Date: