

REAL-EDWARDS CONSERVATION & RECLAMATION DISTRICT

P.O. Box 1208 234 Evergreen Leakey, Tx 78873

Phone: 830-232-5733 Fax: 830-232-5734 www.recrd.org / info@recrd.org

New Well Application Form

Please submit \$100.00 non-refundable filing fee with District as well as form.

APPLICANT INFORMATION

| Name: Address: | | | | | | |
|---|----------------------------------|------------------|---------------------|--------------|--|--|
| City: | State: | Zip: | Phone: | | | |
| nail: Cell/Other: | | | | | | |
| DRILLING COMPANY | | | | | | |
| Driller: | Ad | dress: | | | | |
| City: | State: | Zip: | Phone: | | | |
| WELL INFORMATION | Anticipated Di | rilling Date: | | | | |
| Proposed Use (Please check one): Domestic/Household | | Public Sup | ply Othei | | | |
| Location of well: Edw | ards County | Real Cou | ınty | | | |
| approximately miles _ | N | S E | W from | | | |
| on County Rd or H.W | unty Rd or H.W Subdivision Name: | | | | | |
| Attach complete driving direction | ns to location fror | n nearest town o | or major highway ir | ntersection. | | |
| Latitude: | | Longitude: | | | | |
| Size of tract of land (in acres) on v | which the well will | be drilled: _ | | | | |
| Distance (in feet) from well site to | nearest property | / line: | | | | |
| Distance (in feet) from well site to absorption field; or other potential | • | | | | | |

EXISTING WELL INFORMATION

| Existing ell or wells on property: | Yes | No | | | |
|--|--|---|--|---|--|
| If the answer above is yes, list any D below. If the wells are not registered for each well already in existence on | d with the District | - | • | | |
| | | | | | |
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| | | | | | |
| INFORMATION and INSTRUCTI | ONS FOR NEW | WELL APPLICA | TION | | |
| This application is valid for one and and/or plugged for any reason and swell, it will be necessary to file another. | should the applica | ant wish to make a | an additional atte | empt to complete a | |
| THIS FORM MUST BE FILED WITH THE IS ATION OF THE SIZE OF ANY WELL WITH preliminary determination as to who Rule 7.3. If the preliminary determinexcluded or exempt, the registrant redistrict. | IIN THE DISTRICT. Ether the applicate the District of the Dis | The District staff value ion meets the exc rict staff is that the the the well immedia | will review the ap clusions or exemple request filed or ately upon receiv | oplication and make a ptions provided in the application is ing approval from the | |
| FEE : This form must be return | ed to the Distr | ict with a non-r | efundable filin | g fee of \$100.00. | |
| I certify that I have read, understan stand that failure to abide by the co is a violation of District Rules and w | onditions listed h | erein or providing | g false information | | |
| Owner/Agent Signature: | | Date | e: | | |
| Owner/Agent Printed Name: | | | Owner | Agent | |
| DISTRICT USE ONLY | | | | | |
| Signature: | | Approval Da | Approval Date: | | |
| Printed Name: | | | | | |