## Real-Edwards Conservation & Reclamation District Application and Authorization to Drill or Alter an Exempt Well in Edwards and/or Real County

REAL-EDWARDS CRD OFFICE: PO Box 1208 / 234 Evergreen Rd., Leakey, Texas 78873 PHONE (830) 232-5733 EMAIL tina@recrd.org WEBSITE www.recrd.org

## INFORMATION and INSTRUCTIONS FOR NEW WELL APPLICATION

Application is valid for one attempt to complete a well. Should this well hole be dry, abandoned and/or plugged, a PLUGGING REPORT from the State must be submitted to the District. Should the applicant wish to make an additional attempt to complete a well, another application and fee is requested.

THE COMPLETED APPLICATION AND APPLICATION FEE OF \$100 MUST BE FILED WITH THE DISTRICT PRIOR TO THE DRILLING OF ANY WELL, OR THE SUBSTANTIAL ALTERATION OF THE SIZE OF ANY WELL WITHIN THE DISTRICT. ALL WELLS MUST MEET THE EXCLUSIONS OR EXEMPTIONS PROVIDED IN DISTRICT RULE 7.3.

APPLICANT NAME:				
Mailing Address:				
City:	State:	Zip:		
Email:	Contact Phone#:			
APPLICATION FOR: New Well	Alter Existing Well	Replacement well		
PROPOSED WELL USE: Domestic	Agriculture/Livestock	Other (may require additional information)		
COUNTY and LOCATION OF WELL:	_ Edwards county R	eal county		
If driving N S W E from	(town) appr	oximately miles		
on				
Subdivision Name:	Tract/Lot #:			
Attach driving directions to well lo	ocation from nearest town or m	ajor highway intersection.		
Latitude:	Longitude:			
Size of tract (in acres) on which the	e 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	• •			

List all District assigned well numbers for any wells on the property in the space below. If the wells are not registered with the District, <u>complete and attach</u> Existing Well Registration form for each well already in existence on your property.

DRILLING COMPANY:		Antio	cipated Drilling Date:		
License#:	Adc	Iress:			
City:	State:	Zip:	Phone:		
ACKNOWLEDGEMENT from OWNER/AGENT I certify that I have read, understand and agree to the above information and instructions and I understand that failure to abide by the conditions listed herein or providing false information on the application is a violation of District Rules and will lead to the District taking action against me.					

Owner/Agent Signature:	Date:		
Owner/Agent Printed Name:	Owner	Agent	Driller

DISTRICT USE ONLY:		
NL-EDW40	Date App. Rec'd:	
+ CONSERVICE RECLAMATION	App. ID:	
	CashCheck Check #	
and the second of the second sec	App. Fee From:	
	Application Reviewed by staff	
Signature:	Title:	

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