

APPLICATION FOR PERMIT TO DRILL A WATER/MONITORING WELL OR CAP A WELL

Contractor Information Company Name: Address: _____City/State/Zip: _____ Telephone: Fax: Well Driller Name: Well Driller License Number/Type: ______ Well Owner Information _____ Telephone: ______Fax: _____ **Well Information** Number of Wells: _____ Well Depth: _____ Date of Well Installation/Abandonment: Please attach a map showing locations of wells. Upon completion of the installation of a well, the well driller must submit a copy of the State Well Report within sixty days or upon completion of capping a well, a copy of the State Texas Plugging Report must be submitted within thirty days. I certify that all wells will meet the minimum required separation distances for on-site sewage facilities as required by Chapter 285 of the Texas Health and Safety Code or any amendments thereof. Applicant Signature______Date____ Approving Authority Signature______Date_____

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