

**BANDERA CO. RIVER AUTHORITY
& GROUNDWATER DISTRICT**

Water Well Registration Application

I / (We), _____ owner(s) of the herein described property and whose mailing address and telephone number are: _____ **or** AGENT for owner(s) whose name is _____, hereby submit the following information to **Bandera County River Authority & Groundwater District (BCRAGD)** as consideration for BCRAGD to authorize the drilling or alteration of the herein below described water well located in Bandera County, Texas.

Application Type (Circle One): New Well Reconditioned Altered (please explain proposed alterations): _____

Proposed Use (Circle One) : Domestic Livestock Irrigation Other _____

Proposed Pump Yield: _____ gal/min **Latitude:** _____ **Longitude:** _____

Location (Legal Description): NO. OF ACRES (Required for All Property): _____

Subdivision Property

Acreage Property

Subdivision Name: _____ **OR** Survey Name: _____

Lot: _____ Block/Section/Unit: _____ Abstract #: _____

Site Address: _____

Estimated Distance in Feet from Nearest: Property Line (N S E W) _____; Road _____; *Existing Septic Leach Field _____; River, Stream or Lake _____; Existing Water Well _____; Livestock Enclosure _____; Other Source of Contamination (cemetery, petroleum storage tank, pesticide mixing/loading, spray irrigation, etc.) _____. Is property subject to flooding? YES / NO (*Well must be pressure cemented or pressure grouted according to state rules if less than 100 ft.)

I acknowledge that I have read the foregoing and that all information supplied is true and correct to my knowledge and that I must furnish to BCRAGD a completed well registration, a copy of the completed State of Texas WELL REPORT, and any other reports completed by the person/company who drills the well; that I hereby authorize BCRAGD **unrestricted access** to the well site for purposes of visual verification during **normal business hours**; and that I have received from BCRAGD brass marker number.

R- _____. I further understand that this authorization **expires 120 days from the date of issuance**, and, if obtaining this authorization as an agent for owner, agree that I shall provide a letter of authorization designating the agent. **I further understand that unless this authorization is extended or canceled by BCRAGD prior to its expiration, the authorization may be subject to revocation and/or the driller may be subject to penalties. I further understand that the submission of all well completion paperwork and well verification to BCRAGD is required. The driller shall provide the date drilling starts, the Latitude, and Longitude of the proposed well to BCRAGD prior to starting the drilling of the well.**

Owner Signature: _____
Printed Name: _____

Agent Signature: _____
Printed Name: _____

AUTHORIZATION AND RECEIPT

Authorization #: R- _____ **State Well ID #:** ____ - ____ - ____ **Date:** _____ **Fee Received:** \$125.00

Received From: _____
(Name & Address) _____

How Paid: Cash / Check No: _____

Driller: _____

Authorization and Receipt Issued By: _____ (District Official)

NOT VALID WITHOUT DISTRICT OFFICIAL SIGNATURE AND DISTRICT SEAL.