



BANDERA CO. RIVER AUTHORITY & GROUNDWATER DISTRICT

440 FM 3240 Bandera, TX 78003 - (830) 796-7260 - www.bcragd.org

Exempt Well Registration Application

Property Owner(s): _____ Email: _____

Mailing Address (if different from physical address for proposed well): _____

City: _____ State: _____ Zip: _____ Phone number: (____) _____

Agent Name: _____

Physical Address for Proposed Well: _____ City: _____ Zip: _____

Latitude: _____ Longitude: _____ Property Size: _____ acre(s)

Bandera CAD Property ID Number(s): _____

Application Type:

New Well

Replacement Well

Status of old well: in use capped plugged

Proposed Use (select ALL that apply):

Domestic (Residential Indoor/Outdoor Use)

Livestock

Scientific Monitor Well or Drought Indicator Well

Mining, Drilling, or Exploration of Oil and Gas

Closed Loop Geothermal Well

Test Well

Water will be used on-site off-site If off-site, specify where: _____

Proposed Pump Yield: _____ gal/min

Are there any other wells on the property? Yes No

If yes, provide distance to nearest well _____ ft and well # _____

If required, confirm that existing well will be plugged Yes No Initials: _____

Plugging and plug report are to be completed by: _____

Driller: _____ Drilling License #: _____ Company Name/Address: _____

Proposed drilling date: _____

Does the proposed well location meet setback requirements (50 ft from nearest property line, 50 ft from nearest septic tank, 150 ft from nearest septic absorption field or septic spray area, 150 ft from nearest potential sources of contamination, 150 ft from nearest river/stream/lake, 150 ft from nearest livestock enclosure)? Yes No

If no, a variance request must be submitted for approval by BCRA GD.

NOT VALID WITHOUT DISTRICT OFFICIAL SIGNATURES AND DISTRICT SEAL



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Initial to indicate that the applicant has read and understands the following declarations:

___ The applicant has reviewed the District’s Water Conservation Information handout.

___ The applicant understands that failure to submit all required application items within the application review period will result in an administratively incomplete application and non-issuance of a registration.

___ The applicant will comply with the District Rules and Bylaws and all orders pursuant to the District Rules.

___ As required in Ch. 36 3.3E, “It is the responsibility of the owner or agent to ensure access to the well for inspections.” The applicant will allow BCRAGD **unrestricted access** to the well site, and will provide any necessary access information/gate codes/etc. at the time of submission of this application.

___ The applicant will comply with well plugging and capping guidelines set forth in these Rules and will report well closures as required in Ch. 36 8.3.

___ This permit exemption is applicable to all wells exempt from permitting as described in Ch. 36 3.2A. For a domestic or livestock use exemption, the well capacity must be maintained at less than 25,000 gpd. **If the use type or capacity of the well changes, this exemption is no longer authorized.**

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 and copy of deed, 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 verification of compliance with State and District rules and policies during normal business hours; and that I have received from BCRAGD a brass marker number.** R-___. I further understand that this authorization **expires 90 days from the date of issuance,** and, if obtaining this authorization as an agent for the 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, not limited to the Well Driller’s Report and Pump Installer’s Report, and well verification to BCRAGD is required. The driller shall provide the date drilling starts, the Latitude, Longitude, and any necessary property access information of the proposed well to BCRAGD prior to starting the drilling of the well.**

Owner or Authorized Agent Signature	Print Name	Date
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For District Personnel Use ONLY

Registration #: R-_____ State Grid #: _____ - _____ - _____

Payment Type: Cash Check #: _____ Date: _____

Authorization of Exempt Status: _____ (Authorized Agent) Date: _____

Registration Issued: _____ (BCRAGD Representative) Date: _____

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