

BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRICT

732 West Rice
FALFURRIAS, TX 78355
PHONE: 361-325-5093
Email: generalmanager@brushcountrygcd.com



APPLICATION TO PARTICIPATE IN THE WELL PLUGGING REIMBURSEMENT PROGRAM

THE APPLICANT MUST COMPLETE THIS FORM AND ATTACH ALL REQUIRED DOCUMENTS. BASED ON THIS SUBMITTAL, THE DISTRICT MAY REQUIRE ADDITIONAL INFORMATION. YOU WILL BE NOTIFIED IN WRITING WHEN THIS APPLICATION HAS BEEN APPROVED. APPROVAL OF THIS APPLICATION DOES NOT ENSURE REIMBURSEMENT UNDER THE PROGRAM.

A. WELL OWNER INFORMATION/ APPLICANT (A Person who has the right to drill a Well on a tract of land or to produce Groundwater from the land, either by ownership, contract, lease, easement, or any other estate in the land. The Well Owner and Landowner may be the same Person.)

Owner Name		Contact Person, if different		Mailing Address	
City		State		Zip Code	
Phone Number		Fax		Email	

B. LAND OWNER (IF DIFFERENT FROM WELL OWNER)

Owner Name		Contact Person, if different		Mailing Address	
City		State		Zip Code	
Phone Number		Fax		Email	

C. WELL IDENTIFICATION

District Well Number (The Well must be Registered with the District.)		Well Owner's Well Identification (name and/or Well number)
<p>Attach a copy of the Well Registration. Fill out and attach a water well registration application, from the Brush Country GCD.com Website, if well is not registered. Attach a copy of the Operating Permit for the Well, if applicable.</p>		

D. PROOF OF WELL OWNERSHIP:

Does the Applicant own the land on which the Well is located?	Yes: _____	No: _____
<p>Attach a copy of a deed or lease for the property on which the Well is located.</p>		

E. ELIGIBILITY TO PARTICIPATE IN WELL PLUGGING REIMBURSEMENT PROGRAM:

(1) Has the Applicant previously been approved to participate in this Program?	Yes: _____	No: _____
--	------------	-----------

If the answer is "Yes," complete the following:		Fiscal Year: _____	District Well No.: _____
(2) Does the Applicant own any other Wells within the District?	Yes: _____	No: _____	
If the answer is "Yes," attach a copy of the District Well Registration Number for all such Wells. Attach a copy of the Operating Permit(s), if applicable.			

F. WELL DRILLER'S INFORMATION (The licensed driller who will plug the Well.)

Company Contracted		Address	
Driller's Name		License Number	
Phone Number		Facsimile	
Email			

G. ANTICIPATED PLUGGING DATE: _____

H. SIGNATURE – If the Applicant does NOT own the property on which the Well is located, the Well Owner and the Landowner must both sign the Application.

I certify under penalty of law as follows: This document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information. I acknowledge as follows: (1) all photographs, data, and reports from the Plugging operation become part of the District public records; (2) filing this Application does not ensure approval to participate in the Program; (3) filing this Application does not give the Applicant any right or entitlement; and (4) reimbursement is solely within the discretion of the Board of Directors at the time a Request for Reimbursement is made either by the Well Owner or the Well Plugging Contractor. Brush Country GCD Reimbursement for plugging water well will be limited to an amount not to exceed \$1,500 on each water well approved for plugging.

I further acknowledge that an Application to Participate in the Well Plugging Program must be approved by the District prior to Well Plugging; the Well must be Plugged by a Licensed Water Well Driller; and a District representative must be present during the Plugging operations.

I further state that I am the applicant or am authorized to act for the applicant.

Signature of Well Owner or Authorized Agent: _____

Printed Name: _____

Signature of Land Owner (if different from Well Owner): _____

Printed Name: _____ Date: _____

ACKNOWLEDGMENT

COUNTY OF _____ **§**

STATE OF TEXAS **§**

Subscribed and sworn to before me, by the said _____, this _____ day of _____, 20____, to certify which witness my hand and seal of office.

Notary Public Signature

Notary Public Printed Name

Notary Public in and for _____ County, Texas

My Commission Expires _____

FOR DISTRICT USE ONLY

Date Received: _____ Fiscal Year: _____

Funds Budgeted: _____ Application accompanied by deed or lease of property? Y:_____ N:_____

Arrangements made for District representative to be present while the Well is being plugged? Y:_____ N:_____

All of Applicant's wells are registered? Y:_____ N:_____

Date Approved: _____