

Applicant(s) Information: Provide the information requested below. If the Applicant is more than one individual with different residences, attach a separate sheet with a description of their respective interests in the well(s), listing their names and addresses, and designating a contact person. If the Applicant is a corporation, partnership, limited partnership or other business association, state its name and address below and attach written documentation that the Authorized Representative, whose name is provided below, is authorized to represent the well owner. If the applicant is other than the owner of the property, attach documentation establishing the applicable authority to construct and operate a well(s) subject to this application.

Please Print or Type

Applicant: _____ Phone: _____ Fax: _____

Mailing Address: _____ City _____ ST _____ Zip _____

Physical Address: _____ E-Mail: _____

Contact/Authorized Representative: _____

Relationship to Owner/Applicant _____

Phone: _____ Fax: _____ E-mail: _____

Mailing Address: _____ City _____ ST _____ Zip _____

Aquifer: This application is for a Production Permit from the following Aquifer: _____

Proposed Groundwater Withdrawal Amount: Total amount of groundwater applied for in this application in acre-feet per year (1 acre-foot equals 325,851 gallons): _____.

List the requested amount of groundwater withdrawal for each purpose in acre-feet per year (1 acre-foot is 325,851 gallons), the duration required for each use (if perpetual, mark as such, otherwise, provide a date for the last withdrawal) and describe in detail each proposed use:

Domestic Amount: _____ Duration of Use: _____

Livestock Amount: _____ Duration of Use: _____

Proposed Use (Number and type of livestock): _____

Irrigation Amount: _____ Duration of Use: _____

Proposed Use (Type and acreage of crops, type of irrigation (spray, drip, etc.)): _____

Public Supply Amount: _____ Duration of Use: _____

Proposed Use (location, number of people, provide copy of contract): _____

Industrial Amount: _____ Duration of Use: _____
Proposed Use (type of industrial use) _____
Over _____

Other Amount: _____ Duration of Use: _____
Proposed Use: _____

Rate of Production for each well subject to this application (in gallons per minute): _____

Estimated Rate of withdrawal per year: _____

Maximum Rate of withdrawal per year: _____

Location of Use: Please describe the location of use: _____
If the proposed location of use is outside Pecos County, attach a separate sheet that addresses the three issues set forth in District Rule 11.9.1(a)(7).

Land ownership: Total number of acres of land contiguous in ownership with the land where the well(s) are located: _____ acres.

Provide well owner's identification name for each well relied upon to support this application:

Well Owner's Name:	Well Reference in Applicant's Registration
_____	_____
_____	_____

DECLARATION: I agree that the water withdrawn from the well will be put to beneficial, nonwasteful use at all times. I agree that reasonable diligence will be used to protect groundwater quality. I agree to abide by the rules of the Middle Pecos Groundwater Conservation District, the District Management Plan, and orders of the District's Board of Directors. I agree to comply with the District's well capping and plugging guidelines and report any well closure to the District. Furthermore, I agree not to exceed the production allowance of the Production Permit. **I understand and agree that my withdrawal and beneficial use of groundwater authorized by a Production Permit issued by the District may be limited if the District determines that reductions are necessary pursuant to the aquifer-based production limit, proportional adjustment, or permit limit rules of the District (District Rules 10.3, 10.4, and 10.5).**

I hereby certify that the information contained herein is true & correct to the best of my knowledge & belief.

Signature of Applicant: _____ **Date:** _____

Approval or denial of this application is subject to the rules of the District.

For District Use Only:

Date Application Received: _____	Mapped: _____
Field Inspection: _____	District Well Nos. _____
APPLICATION APPROVED: ___ YES ___ NO	Signature _____
	Title _____
	Date _____