

Northern Trinity Groundwater Conservation District

1100 Circle Drive, Suite 300
Fort Worth, Texas 76119
Phone: 817.249.2062
Fax: 817.249.2918

APPLICATION FOR GRANDFATHERED USE PERMIT

IMPORTANT NOTE: PERMIT APPLICANT MUST SUBMIT A WELL REGISTRATION FORM PRIOR TO OR IN CONJUNCTION WITH THE SUBMITTAL OF THIS PERMIT APPLICATION.

Qualifications to Apply for Grandfathered Use Permit: Wells that were completed and operational prior to December 17, 2018 and that are not exempt from the District’s permitting requirements may complete this application for a Grandfathered Use Permit from the District if the following conditions are met: (1) The water well produced groundwater at any time from January 1, 2014 to December 17, 2018; and (2) the owner submits this form and accompanying documents to the District on or before December 31, 2023.

Instructions: Fill out this form for each existing well or well system (type or print). Submit permit application form in person at the District’s office, email (applications@ntgcd.com) or by mailing to the District’s mailing address provided above. Additional information or explanation may be attached to this application form.

In accordance with District Rule 5.1(e), the information provided by the permit applicant in the spaces below will be incorporated into the permit if a permit is issued by the District. The permit will be granted on the basis of, and contingent upon, the accuracy of the information supplied in this application. A finding that false information has been supplied is grounds for immediate revocation of the permit. In addition, the information given in this permit application will be supplemented by the information provided by the permit applicant in the well registration form that is/was submitted to the District for the existing well.

1. Applicant Information (Required):

The Applicant for this Grandfathered Permit is the well: (please check all that apply)

- Owner Operator Property Owner

Applicant/Company Name Phone Number Fax Number Email Address

Mailing Address City State Zip

Physical Address (if different than mailing address) City State Zip

Contact Person Phone Number Fax Number Email Address

Owner of Property where well is located Phone Number Fax Number Email Address

2. Location (Required):

Please give an address and physical location of the well (i.e. 25 feet west of the house):

3. Legal Description (Required):

Survey Name _____

Abstract Number _____

Latitude _____

Longitude _____

(please provide attachments if available)

4. Well Information (Required):

District Registration Number: N- _____ Owner's Well Name: _____

Has the existing well listed in this permit application produced groundwater between January 1, 2014 and December 17, 2018? Yes No Year in which the well was drilled: _____

Purpose for which the well was originally drilled: _____

All purposes for which water produced from the well was used between January 1, 2014 and December 17, 2018: _____

Maximum Grandfathered Use of the well/well system (largest amount of groundwater used on an annual basis between January 1, 2014 and December 17, 2018): _____

(Indicate in gallons per year)

Calendar year in which such groundwater production occurred: _____

*If well was not completed and operational for an entire calendar year during this period, please provide the amount of groundwater that the Applicant would have produced and put to beneficial use had the well been completed and operational for an entire calendar year: _____

Quantity of water to be produced in the future by this well annually: _____
(Indicate in gallons per year)

Purpose for which water produced from well is currently used: _____

If multiple purposes of use, please indicate the amount of water that is used for each purpose: _____

Location of use of the water produced from the well: _____

Estimated rate at which water will be withdrawn from well (in gallons per minute): _____

Maximum pumping capacity of the well (in gallons per minute): _____

Method of withdrawal from well/type of pump:

Turbine Submersible Other (please specify) _____

Type and size of well pump: _____ Depth of well: _____

Size of well (inside diameter of the column pipe and diameter of the well casing): _____

Duration of time water is expected to be put to beneficial use under the permit:

Temporary/short-term use Seasonal use Continual use

Is the Applicant a retail public utility as defined by Texas Water Code sec. 13.002? Yes No

If YES, list subdivision(s), CCN service area, or the governmental entity boundaries the existing well will service: _____

Well Information Continued:

Will the groundwater withdrawn from the well be resold, leased, or otherwise transferred to others?

Yes No

If YES, please provide the location to which the groundwater will be delivered:

Purpose of use:

5. Additional Requested Documentation/Attachments to this Application:

The following documentation and attachments must accompany this application in order for the application to be considered administratively complete:

- A. If the well owner/operator is different than the owner of the property on which the well is located, attach documentation establishing the authority to operate the well for the proposed use;
- B. A location map showing the well location and all wells in existence within a quarter (1/4) mile radius of the location of the well. (If possible, please provide location map on a 7.5 minute United States Department of Interior Topographic Map and/or provide the latitude and longitude coordinates of the well location as measured by a calibrated GPS instrument);
- C. Evidence/documentation to support the Maximum Grandfathered Use of the well or well system indicated above or please attach a statement as to why such evidence/documentation cannot be provided to the District;
- D. If available, a legal description, such as survey information, maps, and/or metes and bounds descriptions, of the tract of land on which the well or well system is located;
- E. A water conservation plan or sign here as a declaration that the applicant will comply with the District's Management Plan: _____(Applicant's signature);
- F. A drought contingency plan if the applicant is required to prepare a drought contingency plan by other law;
- G. If water is to be sold, leased, or transferred to others, whether inside or outside the District, attach legal documents establishing the right for the water to be sold, leased, or transferred, including but not limited to any contract for the sale, lease, or transfer of water;
- H. Proof that notice was sent to all landowners and all well owners of existing registered or permitted wells within the distance radius approved for well spacing of the well(s) that are the subject of this application. Notice provided to landowners and well owners must meet the requirements in District Rule 5.3(c)-(d).

A SAMPLE NOTICE IS ATTACHED AT THE END OF THIS APPLICATION FORM. PLEASE RETYPE AND DO NOT MAIL OUT WITHOUT FILLING IN THE BLANKS IN THE SAMPLE NOTICE.

I hereby swear or certify that the information in this permit application is true and accurate to the best of my knowledge and belief.

Signature of Well Owner or Agent

Date

Printed Name

Title

District to Complete:

Grandfathered Use Permit Number: _____ Public Hearing Date: _____

Application: approved denied Initial: _____ Date: _____

NTGCD Well Number: _____ Date Permit Issued: _____

NOTICE OF APPLICATION FOR GRANDFATHERED USE PERMIT SUBMITTED TO THE NORTHERN TRINITY GROUNDWATER CONSERVATION DISTRICT

_____ *(Applicant)* _____ of _____ *(Physical Address of Permit Applicant)* _____
applied on _____ *(Date)* _____, 20_____, to the Northern Trinity Groundwater Conservation District for an Operating Permit to authorize the operation of a water well that is to be screened to the _____ *(Assumed Aquifer Layer)* _____ layer, located at _____ *(Physical Address of Well Location)* _____ to produce _____ *(Requested Amount)* _____ gallons of groundwater per year for _____ *(Purpose)* _____ purpose of use. For additional information about the application or the permitting process, please call the District's office at (817) 249- 2062. The Applicant may be contacted at the above address.

EXAMPLE