



<http://www.medinagwcd.org>

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**APPLICATION FOR WELL CONSTRUCTION PERMIT
NON-EXEMPT WELLS**

New Well _____ Existing Well _____ Re-work _____ Replace _____ Re-equip _____

Name of Landowner _____

Name & Address of Agent if applicable _____

Mailing Address _____ City, Zip _____

Home Phone _____ Wk/Cell Phone _____ Fax _____

Driller _____ Aquifer* _____ Latitude/Longitude _____

Location of Well: CR / PR / Hwy _____ 911 Address _____

Well Use: Irrigation _____ No. Of Irrigated Acres _____ Type of System _____

Municipal _____ Number of Acres Owned: _____ Maximum No. Of Connections: _____

Submit copy of conservation plan and any applicable TECQ permits.

Other _____ Describe: _____ Number of Acres: _____

Estimated Annual Production: _____ acre feet

Depth of well _____ Diameter of Casing _____ Pump Size _____

Distance of well from nearest intersecting Property line (Min. 50 ft.) _____

Distance of well from septic system (Min. 100 ft.) _____ Any existing wells? _____

Is well located in the Edwards Aquifer Recharge Zone? Yes _____ No _____

If yes, contact the Edwards Aquifer Authority for appropriate permit.

*NOTE PERMIT NOT VALID FOR WELLS COMPLETED IN THE EDWARDS AQUIFER.

Signature of Landowner or Agent

MCGWD General Manager

Dated: _____

Application fee \$250 Check # _____ Cash _____