

**LOST PINES GROUNDWATER CONSERVATION DISTRICT
APPLICATION FOR CERTIFICATION OF RECORDING**

Well Number _____ (Assigned by LPGCD)

Application Date _____ (Date Received in LPGCD)



IS THIS WELL WITHIN A SUBDIVISION? Yes: _____ No: _____

SECTION I – APPLICANT

NAME (First, Middle Initial, Last) _____	Phone Number _____
Street (or PO Box) _____	
City: _____ State: _____ Zip: _____	

Name and Address of Property Owner IF Different from Person Shown Above

Name (First, Middle Initial, Last)

Street (or PO Box)

City: _____ State: _____ Zip: _____

SECTION II – EXEMPTION

Request for Exemption Under Lost Pines Groundwater Conservation District Rule 8.6: Yes ___ No ___
TYPE OF EXEMPTION CLAIMED:
_____ A well drilled or equipped that is incapable of producing more than 50,000 gallons of groundwater per day.
_____ A well used to supply the domestic needs of 10 or fewer households.
_____ A well for water used for feeding livestock and poultry.

Return this Form to: LPGCD

PO Box 1027 (908 NW Loop 230)

Smithville, TX 78957

Phone: 512-360-5088 Fax: 512-360-5448 Email: lpgcd@lostpineswater.org

LPGCD can help with information in the shaded areas on this form.

**LOST PINES GROUNDWATER CONSERVATION DISTRICT
APPLICATION FOR CERTIFICATION OF RECORDING**

SECTION III – WELL INFORMATION

Well Location: (Directions to Well Site):

Well is Located in: Bastrop County: _____ Lee County: _____

Please attach copies of the following Schedules or Logs, if available:

Driller's Schedule: _____ Driller's Log/Report: _____ Electric Log: _____

Date Well Drilled: _____ Driller's Name: _____ Driller's License No: _____

Well Depth: _____ feet Diameter of Hole: _____ inches Diameter of Pipe: _____ inches

Pump Set at (Depth of Lift): _____ feet Depth to Water: _____ feet

Pump Size: _____ horse power Well Capacity: _____ gallons per minute

Pump Power Source: _____ Type of Pump: _____

Type of Well: Domestic _____ Irrigation _____ Municipal _____ Other _____

Type of Use of Water: _____ Pumping Potential: _____ gallons per day

Type of Use of Water: _____ Pumping Potential: _____ gallons per day

Aquifer Water is Produced From: _____ Screened Intervals _____ feet

Latitude Location of Well: _____ Longitude Location of Well: _____

Surface Elevation: _____ feet above sea level

SECTION IV – AFFIRMATION AND EXECUTION

I certify that all statements and information in this application are true and correct.

Signature of Applicant

THE STATE OF TEXAS
COUNTY OF _____

This instrument was acknowledged before me on _____

By _____

(NOTARY SEAL)

Notary Signature

Can be notarized by any Notary of your choice. Also at the LPGCD Office or General Manager can do the notary when he comes to measure your well.