

SARATOGA UNDERGROUND WATER CONSERVATION DISTRICT

P.O. Box 231
Lampasas, TX 76550



Telephone
512/556-8271
FAX
512/556-8270

INTENT TO DRILL (ALL NEW WELLS)

Date of Application _____

District Well No.: _____

1. OWNER INFORMATION

Well Owner's Name: _____ Telephone No.: (____) _____

Current Mailing Address: _____
(St/Rt/PO Box) (City) (State) (Zip)

Contact Person (if other than owner): _____ Telephone No.: (____) _____

Address of Contact Person: _____
(St/Rt/PO Box) (City) (State) (Zip)

2. PROPERTY LOCATION

Property is located _____ miles _____ of _____ on _____.
(Number) (Direction) (Nearest City or Town) (Road)

Acreage: _____

NOTE: Attach a copy of map or sketch to show well location. Wells must be a minimum of 50 feet from property lines, 150 feet from other wells and 100 feet from septic systems. Latitude and Longitude of well site may be substituted for location map or sketch, if known.

Latitude: _____ Longitude: _____

3. INTENDED WELL USE

Domestic Industrial Agricultural/Irrigation Livestock/Poultry Public Supply Transport

Other use: _____

4. INTENDED WELL STATUS

Exempt Non-Exempt (25,000 GPD)

5. CERTIFICATION

I certify that the above statements are true and correct to the best of my knowledge

Signature of Owner/Agent _____

Date _____

Date Paid: _____ Amount Paid: _____ Receipt Number: _____

Note: If no additional information is requested within ten (10) days, driller may commence. If not completed within four (4) months, application is void. Well must be registered within sixty (60) days of completion. Please provide a copy of this application to Driller.