



Well Owner \_\_\_\_\_

Equipment to be changed: (if any) \_\_\_\_\_

No. of Service Connections: \_\_\_\_ Well will service approximately \_\_\_\_ individuals for \_\_\_\_ days out of the year.

**Part III – New Well Information:**

Date new well is anticipated to begin producing groundwater: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Will replacement well be drilled within 50 feet of the location of the well being replaced?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the replacement well comply with the minimum spacing and location requirements of the District Rules?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Will the replacement well or pump be larger in size or capacity than the well being replaced so as to substantially alter the size of capacity of the well? (Note: Substantially Alter with respect to the size or capacity of a well means to increase the inside diameter of the pump discharge column pipe size of the well in any way or to otherwise increase the capacity of the well to produce groundwater in an amount more than 5 percent greater than the well had the capacity to produce before the alterations.) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has or will the well being replaced cease production?<br>If no, explain: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has or will the well being replaced be in compliance with the well closure requirements of the District?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Will the well usage be more than ten million gallons/year?   | <input type="checkbox"/> | <input type="checkbox"/> |

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ Total Depth: \_\_\_\_\_ Ft.

Estimated Depth: \_\_\_\_\_ Ft. Estimated Depth to First Screen: \_\_\_\_\_ Ft.

Inside Diameter of Casing: \_\_\_\_\_ In. Estimated Pump Size: \_\_\_\_\_ hp

Maximum pumping capacity of pump: \_\_\_\_\_ gpm.

No. of Service Connections: \_\_\_\_ Well will service approximately \_\_\_\_ individuals for \_\_\_\_ days out of the year.

**Part IV – Certification:**

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times.  Yes  No

Applicant hereby agrees to equip permitted well(s) with a flow measurement device as required under District Rule's Section 9.  Yes  No

Applicant agrees to maintain authorized groundwater production as approved under original permit?  Yes  No

Amount \_\_\_\_\_ gallons

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Print Name Signature of Well Owner or Agent Date

<b>District to Complete</b>	<b>Permit No.</b> _____
<b>Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions _____ <input type="checkbox"/> Denied	
<b>General Manager</b> _____	<b>Date</b> _____

