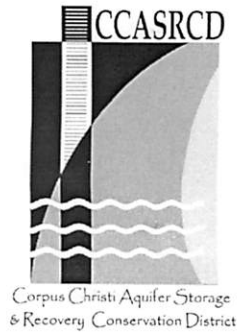


Corpus Christi Aquifer Storage
and Recovery Conservation District

Water Well Permit Application



Date of Application: _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Legal Description of Property/Subdivision: _____

Well Location – Property Address: _____

GPS Coordinates: _____ / _____

Well Contractor/Driller: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

Use: _____ Residential _____ Commercial _____ Other: _____

Depth of Well: Proposed: _____ Existing: _____

Pump Type: _____ Capacity: _____ gpm Storage/Pump Cycle: _____ gallons

Date of Work: Start: _____ Complete: _____

Owner: _____ Date: _____

Well Driller: _____ Date: _____

Water Dept: _____ Date: _____

Office Use Only

Disposition of Application:

Map No: _____

_____ Approved

_____ Denied

Notes: _____

CCASRCD Authorized Agent: _____ Date: _____