

**HEADWATERS GROUNDWATER CONSERVATION DISTRICT
APPLICATION AND AUTHORIZATION TO DRILL AND EQUIP VERTICAL
CLOSED LOOP GEOTHERMAL HEAT PUMP SYSTEMS
IN KERR COUNTY, TEXAS**

OFFICE LOCATION: 125 LEHMANN DR. STE. 202 KERRVILLE, TEXAS 78028.
PHONE (830) 896-4110 FAX (830) 257-3201 E-MAIL hgcd@hgcd.org WEBSITE www.hgcd.org

RETURN THIS APPLICATION TO HEADWATERS GCD WITH:

- A plat of the property the borehole is to be drilled on.
- Kerr Central Appraisal District "R" number.
- Name of the driller and the GPS location of the well.
- \$200.00 Fee will be accepted from the owner or their designated agent only (cash or check)
- Closed loop design by an accredited installer

ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE AUTHORIZATION TO DRILL WILL BE ISSUED, DRILLING MAY NOT BEGIN UNTIL THIS AUTHORIZATION IS ISSUED. YOU MUST USE A LICENSED DRILLER THAT IS REGISTERED WITH HGCD IN KERR COUNTY AND AN ACCREDITED GEOTHERMAL INSTALLER. THE WELL(S) MUST BE COMPLETED TO TDLR 76.1000 (b)(5) TECHNICAL STANDARDS. PLEASE SEE HGCD POLICY 2009-1,

OWNER AND PROPERTY INFORMATION

OWNER: _____ Gate Code _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____

CELL PHONE _____ E-MAIL _____

Well 911 ADDRESS: _____

DIRECTIONS TO WELL SITE _____

Kerr Central Appraisal District Reference Number (s) _____

GPS Location Lat. _____ deg. _____ min. _____ sec. Long. _____ deg. _____ min. _____ sec

(Place multiple GPS locations on attached sheet)

Elevation _____ Tract Size (Number of Acres) _____

BOREHOLE DRILLER: _____ DRILLER LICENSE # _____

Name of Accredited Installer: _____

Company: _____

Address: _____

Phone: _____

*The acknowledgement Affidavit on back must be signed by the owner of the property listed on this application.
The owner may designate on the back of this form, an agent to act on his behalf*

ENVIRONMENTAL and SETBACK INFORMATION

DISTANCE TO NEAREST PROPERTY LINE _____ft, (Must be 5 Feet)
DISTANCE TO SEPTIC TANK AND DISPOSAL AREA _____ft.(Edwards Well 100 ft. Trinity Well 50 ft)
IS THE WELL IN A FLOOD ZONE _____DISTANCE TO RIVER, LAKE, OR STREAM _____
DISTANCE TO ANY OTHER SOURCE OF CONTAMINATIONL _____
MINIMUM HORIZONTAL DISTANCE OF ONE HUNDRED FIFTY (150) FEET FROM ANY
CONCENTRATED SOURCES OF PONTENTIAL CONTAMINATION SUCH AS, BUT NOT LIMITED TO,
EXISTING OR PROPOSED LIVESTOCK OR POULTRY YARDS, CEMETERIES, PESTICIDE
MIXING/LOADING FACILITIES, AND PRIVIES.

ACKNOWLEDGEMENT AFFIDAVIT: Please Print and Sign

I, _____, owner of the well on this property, having completed this application, acknowledge that all the statements contained herein are true and correct to the best of my knowledge. I agree to abide by all Headwaters GCD District Rules now or hereafter adopted by the District. I agree to provide all required documents. I agree to be responsible for collecting and paying for a water quality analysis of water from the well after it is equipped to pump water and submit a copy of the analysis to the District. I authorize employees of Headwaters GCD access to the well site for purposes of inspection at any reasonable time.

Owner Signature

Designation of Agent

I, _____, the owner of the property stated on this application, designate _____, as my agent for the purpose of completing this application and all matters concerning the drilling and equipping of my water well. I understand and acknowledge that I am legally bound my agent's actions on my behalf and that said agent must abide by the acknowledgement statement above signed by me.

Owner Signature

Sworn and subscribed before me this _____ day of _____, _____ Notary Public

Authorization and Receipt

Assigned HGCD File # _____ Date _____

Received from _____

Cash Check Check # _____ Amount _____ Receipt # _____

Authorization Issued by _____

Not Valid
Without
Seal
Affixed