

**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](mailto:hgcd@hgcd.org) WEBSITE [www.hgcd.org](http://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 76.100(b)(6) TECHNICAL STANDARDS.

**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 ft.)  
DISTANCE TO SEPTIC TANK AND DISPOSAL AREA \_\_\_\_\_ ft. If sealed to 100 + feet with a 3" annular space,  
50 ft. Sealed less than 100 feet, must be 100 ft. from OSSF.  
IS THE WELL IN A FLOOD ZONE \_\_\_\_\_ DISTANCE TO RIVER, LAKE, OR STREAM \_\_\_\_\_  
DISTANCE TO ANY OTHER SOURCE OF CONTAMINATION \_\_\_\_\_  
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