



P.O. Box 667
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Permit Renewal Application

1. CLASSIFICATION
What is the permit number for this well or well system?
What is the location of this well (911 address, latitude-longitude, or physical description)?

2. WELL OWNER and/or PERMIT APPLICANT	
Name:	
Address:	
City/State/Zip:	
Telephone:	Cell:
Email:	

3. WELL CAPACITY and USAGE	
Has the pump capacity of the well been increased? () Yes () No	
Has the usage of the well changed? () Yes () No	If yes, what is the new usage?

4. FOR IRRIGATION USE ONLY	
Do you anticipate using LCRA water for irrigation and/or waterfowl? () Yes () No	
YEAR 1 PROJECTED IRRIGATED CROP (LIST WATERFOWL AS A CROP)	
Name of Crop:	Number of Acres:
Name of Crop:	Number of Acres:
Name of Crop:	Number of Acres:
YEAR 2 PROJECTED IRRIGATED CROP (LIST WATERFOWL AS A CROP)	
Name of Crop:	Number of Acres:
Name of Crop:	Number of Acres:
Name of Crop:	Number of Acres:
YEAR 3 PROJECTED IRRIGATED CROP (LIST WATERFOWL AS A CROP)	
Name of Crop:	Number of Acres:
Name of Crop:	Number of Acres:
Name of Crop:	Number of Acres:

5. METERS
Is your well or well system metered? () Yes () No

CERTIFICATION:

I hereby agree that water produced/withdrawn from the proposed well(s) in this application will be put to beneficial use at all times. I further certify that the information given herewith is true and accurate to the best of my knowledge and belief.

_____ Signature of Well Owner or Agent _____ Date _____
 Print Name