



P.O. Box 667  
 910 Milam St.  
 Columbus, TX 78934  
 979 732 9300 Phone  
 979 732 9301 Fax  
 www.ccgcd.net

## Permit Renewal Application

|  |                                |
|--|--------------------------------|
| <b>1. CLASSIFICATION</b>   |                                |
| What is the permit number for this well or well system?                          |                                |
| What is the location of this well (latitude-longitude or physical description)?  |                                |
|  |                                |
| <b>2. WELL OWNER and/or PERMIT APPLICANT</b>                                     |                                |
| Name:  |                                |
| Address:   |                                |
| City/State/Zip:  |                                |
| Telephone:   | Cell:                          |
| Email:   |                                |
| <b>3. WELL CAPACITY and USAGE</b>  |                                |
| 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? |
| <b>4. FOR IRRIGATION USE ONLY</b>  |                                |
| Do you anticipate using LCRA water to supplement your irrigation? ( ) Yes ( ) No |                                |
| PROJECTED IRRIGATED CROP ACREAGE FOR YEAR 1 (list waterfowl as a crop)           |                                |
| Crop:  | Number of Acres:               |
| Crop:  | Number of Acres:               |
| PROJECTED IRRIGATED CROP ACREAGE FOR YEAR 2 (list waterfowl as a crop)           |                                |
| Crop:  | Number of Acres:               |
| Crop:  | Number of Acres:               |
| PROJECTED IRRIGATED CROP ACREAGE FOR YEAR 3 (list waterfowl as a crop)           |                                |
| Crop:  | Number of Acres:               |
| Crop:  | Number of Acres:               |
| <b>5. METERS</b>   |                                |
| 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I hereby agree that water produced/withdrawn from the proposed well(s) in this application will be put to beneficial use at all times.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.

\_\_\_\_\_

Print Name
Signature of Well Owner or Agent
Date