



P.O. Box 667  
 910 Milam Street  
 Columbus, Texas 78934  
 979 732 9300 Phone  
 979 732 9301 Fax

## PERMIT SUPPLEMENT FOR AGGREGATION

In issuing a permit, the authorized withdrawal for a given well may be aggregated with the authorized withdrawal from other permitted wells designated by the District.

1. WELL OWNER(S) (if multiple owners, attach list)	
Name:	
Address:	
City/State/Zip:	
Telephone:	Cell:
Email:	Fax:

2. WELL APPLICANT (if other than owner)	
Name:	
Address:	
City/State/Zip:	
Telephone:	Cell:
Email:	Fax:

3. LOCATION OF WELL #1	
Is well currently permitted?	If so, what is permit number?
Well Site Physical Address or Description:	
City:	Zip:
Latitude: (deg) (min) (sec) N	Longitude: (deg) (min) (sec) W
If latitude and longitude unknown, attach a map showing location.	Elevation: feet

4. INFORMATION FOR WELL #1	
Maximum Pumping Capacity: gpm	Total Depth of Well: feet
Screening Intervals:	
Type of Pump:	Depth to Pump:
Inside Diameter of the Pump (Discharge): inches	Horsepower: hp
Diameter of Casing: inches	

5. LOCATION OF WELL #2	
Is well currently permitted?	If so, what is permit number?
Well Site Physical Address or Description:	
City:	Zip:
Latitude: (deg) (min) (sec) N	Longitude: (deg) (min) (sec) W
If latitude and longitude unknown, attach a map showing location.	Elevation: feet

6. INFORMATION FOR WELL #2			
Maximum Pumping Capacity:	gpm	Total Depth of Well:	feet
Screening Intervals:			
Type of Pump:		Depth to Pump:	
Inside Diameter of the Pump (Discharge):	inches	Horsepower:	hp
Diameter of Casing:	inches		

7. LOCATION OF WELL #3			
Is well currently permitted?	If so, what is permit number?		
Well Site Physical Address or Description:			
City:	Zip:		
Latitude: (deg) (min) (sec) N	Longitude: (deg) (min) (sec) N		
If latitude and longitude unknown, attach a map showing location.	Elevation: feet		

8. INFORMATION FOR WELL #3			
Maximum Pumping Capacity:	gpm	Total Depth of Well:	feet
Screening Intervals:			
Type of Pump:		Depth to Pump:	
Inside Diameter of the Pump (Discharge):	inches	Horsepower:	hp
Diameter of Casing:	inches		

9. LOCATION OF WELL #4			
Is well currently permitted?	If so, what is permit number?		
Well Site Physical Address or Description:			
City:	Zip:		
Latitude: (deg) (min) (sec) N	Longitude: (deg) (min) (sec) W		
If latitude and longitude unknown, attach a map showing location.	Elevation: feet		

10. INFORMATION FOR WELL #4			
Maximum Pumping Capacity:	gpm	Total Depth of Well:	feet
Screening Intervals:			
Type of Pump:		Depth to Pump:	
Inside Diameter of the Pump (Discharge):	inches	Horsepower:	hp
Diameter of Casing:	inches		

11. LOCATION OF WELL #5			
Is well currently permitted?	If so, what is permit number?		
Well Site Physical Address or Description:			
City:	Zip:		
Latitude: (deg) (min) (sec) N	Longitude: (deg) (min) (sec) W		
If latitude and longitude unknown, attach a map showing location.	Elevation: feet		

12. INFORMATION FOR WELL #5			
Maximum Pumping Capacity:	gpm	Total Depth of Well:	feet
Screening Intervals:			
Type of Pump:		Depth to Pump:	
Inside Diameter of the Pump (Discharge):	inches	Horsepower:	hp
Diameter of Casing:	inches		

13. DISTRIBUTION SYSTEM AND METERING
Are wells on contiguous acreage?
Do current wells have meters?
Will there be plans for a central (single) meter that encompasses all the wells?
Provide a map showing well locations and outline of acreage.

**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. I hereby declare that the well owner or authorized permittee will comply with well plugging guidelines and will report the well closure to the District.

\_\_\_\_\_  
Signature of Well Owner or Agent

\_\_\_\_\_  
Date

State of Texas, County of \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_.

(Printed Name)

\_\_\_\_\_  
(Notary Public Signature)