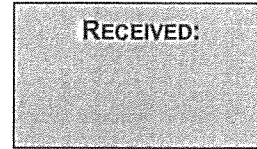


DUVAL COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 506
 BENAVIDES, TX 78341
 PHONE: 361-256-3596
 FAX: 361-256-3592
 EMAIL: DUVALGWDMNGR@GMAIL.COM



APPLICATION TO PARTICIPATE IN THE WELL SAMPLING PROGRAM

THE APPLICANT MUST COMPLETE THIS FORM AND ATTACH ALL REQUIRED DOCUMENTS. BASED ON THIS SUBMITTAL, THE DISTRICT MAY REQUIRE ADDITIONAL INFORMATION. YOU WILL BE NOTIFIED IN WRITING WHEN THIS APPLICATION HAS BEEN APPROVED.

A. WELL OWNER INFORMATION/ APPLICANT (A Person who has the right to drill a Well on a tract of land or to produce Groundwater from the land, either by ownership, contract, lease, easement, or any other estate in the land. The Well Owner and Landowner may be the same Person.)

Owner Name		Contact Person, if different		Mailing Address	
City		State		Zip Code	
Phone Number		Fax		Email	
Alternate Phone Number					

B. LAND OWNER (IF DIFFERENT FROM WELL OWNER)

Owner Name		Contact Person, if different		Mailing Address	
City		State		Zip Code	
Phone Number		Fax		Email	
Alternate Phone Number					

C. WELL IDENTIFICATION

District Well Number (The Well must be Registered with the District.)		Well Owner's Well Identification (name and/or Well number)	
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D. PROOF OF WELL OWNERSHIP:

Does the Applicant own the land on which the Well is located?	Yes: _____	No: _____
Attach a copy of a deed or lease for the property on which the Well is located.		

E. ELIGIBILITY TO PARTICIPATE IN WELL SAMPLING PROGRAM:

(1) Has the Applicant previously been approved to participate in this Program?	Yes: _____	No: _____	
If the answer is "Yes," complete the following:		Fiscal Year: _____	District Well No.: _____
(2) Does the Applicant own any other Wells within the District?	Yes: _____	No: _____	
If the answer is "Yes," attach a copy of the District Well Registration Certificate for all such Wells. Attach a copy of the Operating Permit(s), if applicable.			

F. SIGNATURE.

I certify under penalty of law as follows: This document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information. I acknowledge as follows: (1) all photographs, data, and reports from the Well Sampling Program become part of the District public records; (2) filing this Application does not ensure approval to participate in the Program; and (3) filing this Application does not give the Applicant any right or entitlement.

I further grant permission for one or more District representatives to access the property to take pictures, obtain GPS coordinates of the well, and take water samples from the well, as authorized by District Rule 7.5.

I acknowledge that I will be solely responsible for remediation or treatment in the event that contamination is detected through this sampling program.

I further state that I am the applicant or am authorized to act for the applicant.

Signature of Well Owner or Authorized Agent: _____

Printed Name: _____

Signature of Land Owner (if different from Well Owner): _____

Printed Name: _____ Date: _____

ACKNOWLEDGMENT

COUNTY OF _____ §

STATE OF TEXAS §

Subscribed and sworn to before me, by the said _____, this _____ day of _____, 20____, to certify which witness my hand and seal of office.

Notary Public Signature

Notary Public Printed Name

Notary Public in and for _____ County, Texas

My Commission Expires _____

FOR DISTRICT USE ONLY

Date Received: _____

Fiscal Year: _____

Funds Budgeted: _____

Application accompanied by deed or lease of property? Y: _____ N: _____

All of Applicant's wells are registered? Y: _____ N: _____

Date Approved: _____