

**BENBROOK WATER AUTHORITY**

1121 Mercedes Street  
Benbrook, Texas 76126  
(817) 249-1250

**APPLICATION FOR A  
DRILLING PERMIT**

(for drilling, replacing, altering and/or  
reworking a well)

**\*Applicant must also submit Well Registration Form**

**General Instructions:** **New Wells:** A Drilling Permit is required for drilling, equipping, or completing an exempt or nonexempt groundwater well that did not produce and beneficially use water before March 15, 2006. **Wells Existing as of March 15, 2006:** A Drilling Permit is required for any exempt or nonexempt well existing as of March 15, 2006, that is proposed to be replaced, altered, and/or reworked. An application for a Drilling Permit shall contain all the information requested in Benbrook Water Authority Water Well Rules ("Rules") 1 and 3, and may seek authorization to drill one or more wells.

**Applicant's Information:** Provide the information requested below. If the Applicant is more than one individual with different residences, attach a separate sheet identifying each owner by name and address, and describing each owner's respective ownership interests. If the Applicant is a corporation, partnership, limited partnership or other business association, state its name and address below and identify an Authorized Representative.

**Please Print or Type**

**Applicant's Name:** \_\_\_\_\_

\*The Applicant must be the fee simple owner or duly authorized lessee or demonstrate appropriate ownership rights of the land/proposed well site(s) and proposed well(s); however, a well driller or other person may submit this application on behalf of the Applicant if written authority to act on the Applicant's behalf is attached to this application.

**Please confirm that you have attached documentation establishing: (1) the Applicant's ownership interest in the land/proposed well site(s) and proposed well(s); and (2) the authority of the Authorized Representative to represent the Applicant, if applicable.**

Applicant's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (if different from Mailing Address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Authorized Representative (contact person, if different from Applicant):** \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Purpose of Application:**

Drill New Well

Replace, Alter and/or Rework Existing Well. Describe: \_\_\_\_\_

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**Aquifer:** Please indicate the source of groundwater:

Trinity Aquifer – Paluxy Sand      Trinity Aquifer --Twin Mountains Formation

Other (Specify): \_\_\_\_\_

**Location of Well(s):**

Please check to confirm that you have attached a completed Well Registration Form for each well sought to be permitted.

Please check to confirm that you have attached a map or other documentation from the tax appraisal district or other county office indicating the location of each well and underlying property, and adjacent owners' physical and mailing addresses.

Please check to confirm that you have attached a map identifying all wells located within ¼-mile of each proposed well or existing well to be replaced, altered, and/or reworked.

**Proposed Groundwater Withdrawal Amount and Purpose:** Total amount of groundwater anticipated to be requested in an Operating Permit Application for the well(s) subject to this application, in acre-feet per year (1 acre-foot equals 325,851 gallons), and summary of purpose for which water will be used: \_\_\_\_\_

Estimated Maximum Rate of Production: \_\_\_\_\_ GPM

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**DECLARATION:** I agree that reasonable diligence will be used to protect groundwater quality. I agree to abide by the Benbrook Water Authority's rules, permit conditions, and plans, as any of these documents may be amended from time to time. I agree to comply with the Authority's rules regarding well capping and plugging and report any well closure to the Authority. Furthermore, I agree not to produce groundwater from this well without a valid Operating Permit. I understand that I must provide to the Authority proof of newspaper publication and certified mail delivery of notice of the filing of this Drilling Permit Application in accordance with Rule 3.4, as well as a list of names and addresses of those property owners to whom certified mail notice was sent, before my application will be deemed administratively complete by the Authority and set for hearing.

**I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approval or denial of this application is subject to the rules of the Benbrook Water Authority.**

**For Benbrook Water Authority's Use Only:**

Date Application Received: \_\_\_\_\_

Mapped: \_\_\_\_\_ (initials)

Authority Well No. \_\_\_\_\_

Field Inspection: \_\_\_\_\_ (initials)

**NOTICE:**

Date Publisher's Affidavit Rec'd: \_\_\_\_\_

Date Certified Mail Proof Rec'd: \_\_\_\_\_

Date Certified Mail Recipient Name and Address List  
Rec'd: \_\_\_\_\_

**APPLICATION APPROVED:**

\_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
Signature

**DATE PERMIT ISSUED:**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**AFFIDAVIT**

**STATE OF TEXAS**           §  
  §  
**COUNTY OF TARRANT**   §

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, the Applicant in the foregoing and attached application and referenced attachments, who after being by me duly sworn, upon oath deposes and says that s/he has read the statements and information in the foregoing and above described application and that every statement contained therein is within her/his own personal knowledge and belief and is true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Date of Expiration