

Permit Renewal Application

1. CLASSIFICATION								
What is the permit number for this well or well system?								
2. WELL OWNER AND/OR PERMIT APPLICANT								
Name:								
Address:								
City/State/Zip:								
Telephone:	Cell:	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?								
4a. PROJECTED WATER USAGE (Irrigation and Waterfowl only)								
Do you anticipate using LCRA water for irrigation and/or waterfowl? () Yes () No								
YEAR 1 PROJECTED IRRIGATED CROP OR OTHER WATER USE (LIST WATERFOWL AS A CROP)								
Crop:	Number of Acres:	Projected Water Usage:						
Crop:	Number of Acres:	Projected Water Usage:						
Crop:	Number of Acres:	Projected Water Usage:						
YEAR 2 PROJECTED IRRIGATED CROP OR OTHER WATER USE (LIST WATERFOWL AS A CROP)								
Crop:	Number of Acres:	Projected Water Usage:						
Crop:	Number of Acres:	Projected Water Usage:						
Crop:	Number of Acres:	Projected Water Usage:						
YEAR 3 PROJECT	ED IRRIGATED CROP OR OTHER WATER USE (LIST WAT	ERFOWL AS A CROP)						
Crop:	Number of Acres:	Projected Water Usage:						
Crop:	Number of Acres:	Projected Water Usage:						
Crop:	Number of Acres:	Projected Water Usage:						
4b. PROJECTED	WATER USAGE (Any usage other than Irrigation and V	Vaterfowl)						

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What is groundwater used for?	Projected Annual Water Usage:			

5. METERS

Is your well or well system metered?	() Yes	() No
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CERTIFICATION:

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that the information given herewith is true and accurate to the best of my knowledge and agree that water produced/withdrawn from the proposed well(s) in this application will be used for beneficial use at all times.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

Print Name