

## **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that the information given herewith is true and accurate to the best of my knowledge and agree that water produced/withdrawn from the proposed well(s) in this application will be used for beneficial use at all times.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