

## Water Well Permit Application

Information required by San Antonio City Code Article VI, Division 2, Section 34-569.

| Well Location:Street Addres  | ss City State ZIP Code  |
|--|---|
| Permit Request: Drill Re   |   |
| Owner:   |   |
| Mailing Address:   | City, State, ZIP:   |
| Phone:   | Cell:   |
| Email:   | Fax:  |
| Driller/Pump Installer:  | License Number: Exp. Date:  |
| Installer Address:   | City. State. ZIP:   |
| Well Contractor:   | Fmail:  |
| Mailing Address:   | Fax <sup>.</sup>  |
| Phone:   | Cell:   |
| Geologic Formation:  |   |
| Latitude:  | Longitude:  |
| (Deg., Min. Sec.)  | (Deg., Min. Sec.)   |
| Sewage Disposal: Sanitary Sewer  | ☐ Anaerobic Septic System ☐ Aerobic Septic System                                     |
| Distance from Sewage Disposal:   |   |
| Is public water supply available? □ Yes □ No   |   |
| Has a request for water service extension been made with the Public Water Purveyor?   Yes   No   |   |
| If "Yes", please list the Purveyor and estimated cost of water service extension:  |   |
| Water Use: ☐ Domestic ☐ Commercial ☐ Irrigation ☐ Public Water Supply ☐ Monitoring ☐ Other ☐ NA  |   |
| Estimated Water Use:GP   | D orGPM   |
| Estimated Cost of Well:  | Date well to be plugged by:   |
| Application Submittal Package must include the following:  |   |
| ☐ Driller's License  |   |
| <ul><li>☐ Legal description of the property (Plat or Survey)</li><li>☐ Construction diagram for new well construction and/or plugging</li></ul>    |   |
| <ul> <li>☐ Construction diagram for new well construction and/or plugging</li> <li>☐ Site map reflecting the location of the following:</li> </ul> |   |
|  | System Drain Field and/or Spray Area  |
|  | es (e.g. buildings)   |
| Property Lines Neighboring Septic Systems (if well is closer than 50 feet)  Septic Tank Any Other Sources of Contamination within 50 feet          |   |
| ☐ Warranty deed  |   |
| Copy of well log   |   |
| ☐ Applicable Permit Fee Payable to SAW   | S (\$626 for Drill, Repair or Deepen; Plug; GeoThermal)                               |
| By signing this authorization, the applicant confirms that   | he/she agrees to comply with the local and state requirements regulating water wells. |
|  |   |
|  |   |
| Applicant Printed Name   | Applicant Signature Date  |
| Water Well Permits are issued by SAWS Resource Protection & Compliance Groundwater Division • Phone: 210.233.2349                                  |   |
| Ground Water Resource Staff Use Only  Date Received: Received By: Assigned:  |   |
| Fees Paid: \$  | Received By: Assigned: Permit Number: Date Denied:                                    |
| 1 State Defiled.   |   |