

Uvalde County
Underground Water Conservation District
 200 East Nopal, Suite 203
 Uvalde, Texas 78801
 Phone: 830/278-8242
 Facsimile: 830/278-1904

<u>Office Use Only</u>	
Well Registration Number	_____
Date Application Filed	____/____/____
Board Review Date:	____/____/____
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved

Application For Exception to Spacing Rule
Under District Rule 13

1. Application Data:

- A. Name of Well/Land Owner _____
- B. Mailing Address _____
- C. Telephone _____

- D. Owner's Agent _____
- E. Mailing Address _____
- F. Telephone _____

2. Well Data:

- A. Aquifer: Austin Chalk Leona Gravel Buda Limestone Trinity Glen Rose
 Alluvium Other: _____
- B. Use of water: Irrigation Public Supply Industrial Commercial

3. Well Spacing Exception Information:

Attached hereto, as Exhibit A, are statements:

- A. demonstrating my inability to comply with the District's spacing rules;
- B. stating the reason I am requesting an exception to the spacing rules; and
- D. stating how compliance with the well spacing rules would create a hardship on me.

4. Nearby Property Owners:

- A. Attached is a plat or sketch, drawn to scale of one (1) inch equaling two thousand (2000) feet, showing the location of the well for which the exception is sought and showing accurately to scale the location of the three (3) nearest wells within one half (1/2) mile of the proposed well location.
- B. The following is a list of names and addresses of all property owners within a one-half mile radius of the well for which an exception is sought:

I agree to submit any other information the General Manager or the Board of Directors may request in support of this application.

Signature _____

This application shall be used by any well owner who seeks an exception to the District's well spacing rules. The Board of Directors of the District, after review of all the information submitted in support of the Application, may grant the exception to the well spacing rules, as the Board deems appropriate.

EXHIBIT A

I am unable to comply with the District's spacing rules because _____

The reason I am requesting an exception to the spacing limit is _____

Compliance with the well spacing rules would create a hardship on me because _____

I, the undersigned Applicant, hereby certify that the information herein is true and correct to the best of my knowledge and belief.

Signature _____

STATE OF TEXAS

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, _____, by
_____.

NOTARY PUBLIC, State of Texas

Application approved for withdrawal of _____ acre-feet of additional water.

Limitations, if any, _____

Approval effective date from ____ / ____ / ____ to ____ / ____ / ____ .

Uvalde County UWCD

By: _____

Title: _____