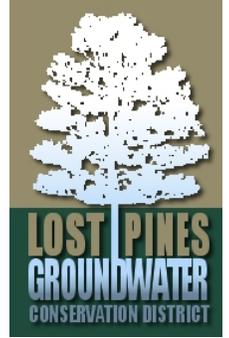


**FORM 200**  
**Operating and Transfer Permit Application**



\_\_\_\_\_  
**Application Date** (Date Received by LPGCD)

\_\_\_\_\_  
**Well Number** (Assigned by LPGCD)

**Return this form to: LPGCD, 317 E Hempstead St., Giddings, Texas 78942**  
**Phone: 512-360-5088 FAX: 512-360-5448 Email: lpgcd@lostpineswater.org**

**SECTION I – PURPOSE FOR WATER USE: NON-EXEMPT ONLY**

Type of Well: \_\_\_\_\_

**List Proposed Usage of Water Produced from Well and the Amount of Usage.**

Use \_\_\_\_\_ Amount used \_\_\_\_\_ af/yr.

Use \_\_\_\_\_ Amount used \_\_\_\_\_ af/yr.

**Will this well be used to export water outside the boundaries of LPGCD?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes to question above: af/yr.** \_\_\_\_\_

**Maximum Annual Withdrawal:** \_\_\_\_\_ af/yr.

Proposed rate at which water will be withdrawn: \_\_\_\_\_ gallons/min.

List CCN # of entity to benefit from water: \_\_\_\_\_

Number of L.U.E. to be utilized by water usage: \_\_\_\_\_

**SECTION II – Beneficial Use: NON-EXEMPT ONLY**

**Please state beneficial use of well: (Attach letter if more space is necessary)**

**SECTION III – Plans: NON-EXEMPT ONLY**

**Please attach copies of the following Schedules or Logs, if available:**

Well Closure Plan or Declaration \_\_\_\_\_ Alternative Supply Plan \_\_\_\_\_ Conservation Plan \_\_\_\_\_

**AQUIFER IMPACT**

\_\_\_\_\_

**SECTION IV – AFFIRMATION AND EXECUTION**

**I certify that all statements and information in this application are true and correct.**

\_\_\_\_\_

Signature of Applicant

THE STATE OF **TEXAS**

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

By \_\_\_\_\_.

**(NOTARY SEAL)**

Notary Signature

Can be notarized by any Notary of your choice, at the LPGCD Office, or General Manager can do the notary when he measures your well.