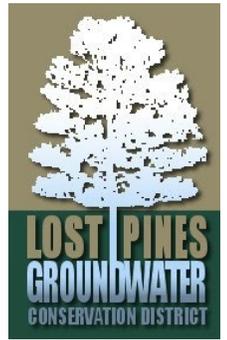


# FORM

## Well Cap/Plug Application

For District Use Only:



\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Well Drilling Permit Number

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

### SECTION I – APPLICANT

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Street (or PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### SECTION II – DRILLING SITE DESCRIPTION

Physical Description of the Well Site (use decimal GPS coordinates)

\_\_\_\_\_

County that the Well Site is Located in: Bastrop \_\_\_\_\_ Lee \_\_\_\_\_

What is the County Appraisal District number associated with this property? \_\_\_\_\_

**SECTION III – AUTHORIZATION TO CAP/PLUG**

Is the Applicant the same as the Property Owner of the Proposed Drilling Site? Yes \_\_\_\_\_ No \_\_\_\_\_

If Property Owner is different from Applicant shown in Section I, contact information and a notarized letter of authorization to drill from the property owner **must** be attached to this application.

**SECTION IV – WELL INFORMATION**

What was the primary use of the well (check one)?

*Domestic*    *Livestock*    *Irrigation*    *Municipal Supply*    *Mining*    *Rig Supply*    *Test*  
*Other* \_\_\_\_\_

What was the proposed aquifer that the well will produce from (if known)? \_\_\_\_\_

If unknown, please provide this information as soon as possible.

What was the approximate total depth of the well (if known)? \_\_\_\_\_ feet

NOTE: The well driller must provide the LPGCD an cost estimate which must be authorized by the LPGCD before performing the work.

**SECTION V – AFFIRMATION**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date