

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

Serving Hood, Montague, Parker and Wise Counties.
1250 East Hwy. 199, P.O. Box 1749, Springtown, Texas 76082
Phone (817) 523-5200 - Fax (817) 523-7687
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**CONSENT TO REQUEST FOR EXCEPTION
TO UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT SPACING RULES**

RE: Application by _____ [APPLICANT'S NAME] for exception to Upper Trinity Groundwater Conservation District groundwater well spacing requirements.

I _____ [LANDOWNER / WELL OWNER], hereby acknowledge that I am aware of the application filed by _____ [APPLICANT'S NAME] on _____ [MM/DD/YYYY] with the Upper Trinity Groundwater Conservation District for an exception to the District's groundwater well spacing requirements.

I understand that the District's spacing rules provide a minimum distance protection for my property/groundwater well, and I understand that if the above-referenced application is granted, then the applicant may drill a groundwater well at a location that is closer to my property/groundwater well than what would otherwise be allowed under the District's spacing rules.

I further acknowledge that the District's Rules provide me with an opportunity to challenge the above-referenced application by submitting a protest to the District at the public hearing on the application. **But by signing this consent, I acknowledge that I am waiving my ability to challenge the application.**

I have reviewed the application, and I hereby consent to _____ [APPLICANT'S NAME] request to locate a groundwater well at [Proposed Well Site Address, City, Zip]:

Additional information describing the location of the proposed well site:

Applicant Name
Physical Address
City, State Zip
Authorized Representative
Phone number
Email address

Landowner / well owner printed name
Physical address
City, State Zip
Phone number

Signature

Printed name

Date

Witness 1 signature

Witness 1 printed name

Date

Witness 2 signature

Witness 2 printed name

Date