Water Well Permit Application

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

Well Location: _____
Street Address City State ZIP Code

Permit Request: ☐ **Drill** ☐ **Repair** ☐ **Deepen** ☐ **Plug** ☐ **GeoThermal**

Owner: _____

Mailing Address: _____ City, State, ZIP: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Driller/Pump Installer: _____ License Number: _____ Exp. Date: _____

Installer Address: _____ City, State, ZIP: _____

Well Contractor: _____ E-mail: _____

Mailing Address: _____ Fax: _____

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: _____ GPD or _____ GPM

Estimated Cost of Well: _____ Date well to be plugged by: _____

Application Submittal Package must include the following:

- ☐ Driller's License
- ☐ Legal description of the property (Plat or Survey)
- ☐ Construction diagram for new well construction and/or plugging
- ☐ Site map reflecting the location of the following:

☐	Proposed Well	☐	Septic System Drain Field and/or Spray Area
☐	Existing Wells	☐	Structures (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 SAWS ($445 for Drill, Repair or Deepen; Plug $385; GeoThermal $200)

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 • Fax: 210.233.4858

Ground Water Resource Staff Use Only					
Date Received:		Received By:		Assigned:	
Fees Paid:	$	Permit Number:		Date Denied:	