

Calhoun County Groundwater Conservation District  
P.O. Box 1395, Port Lavaca, Texas 77979  
www.calhouncountygcd.org

# APPLICATION TO REQUEST INCLUSION IN THE AQUIFER MONITORING PROGRAM

Submit this form to request the district conduct aquifer monitoring activities.

Item 1: Specify the name and address of the person requesting the monitoring:

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Item 2: Specify the name and address of the well owner:

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Item 3: Specify the address or geographic coordinate of the location of the subject well:

Address: \_\_\_\_\_

Latitude: \_\_\_\_\_ N, Longitude: \_\_\_\_\_ W

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Item 4: Details regarding the preferred method of Contact (phone, text, email, regular mail):

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Item 5: Details regarding the payment of well access fees:

Does the well owner wish to receive well access fees for the aquifer measurements collected from this well? (circle one) YES NO

Specify the mailing address to which approved well access fee checks should be sent:

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Item 6: Certification of Request

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision; the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

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

\_\_\_\_\_  
Date of Signature