



TEXAS DEPARTMENT OF LICENSING & REGULATION

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WATER WELL VARIANCE REQUEST

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Licensee Name & Number: _____
Last, First, Middle Name, Suffix (Jr, Sr, III) License Number

Address: _____
Number, Street Name, Suite Number, City, State, Zip Code

2. Phone Number: _____ Email Address: _____

3. Well Owner's Name: _____
Last, First, Middle Name, Suffix (Jr, Sr, III)

Well Address: _____
Number, Street Name, City, State, Zip Code

4. Phone Number: _____ Email Address: _____

5. Reason Variance is Requested: _____ New Well _____ Plugging _____ After the fact _____
(ATTACH ADDITIONAL PAGES IF NEEDED)

6. Well Characteristics:
Borehole Size: _____ in. Well Casing Size: _____ in. Well Depth: _____ ft. Cementing Method: _____

Surface Casing: _____ Screen Depth: _____ ft. Production Zone: _____ ft. Static Water Level: _____ ft.

Property Line: _____ ft. Distance to Sources of Contamination: _____ ft. Septic Tank: _____ ft. Field Lines: _____ ft.

GPS Coordinates: _____
Lat. (ddmmddd, dd.dddd, or ddmms) Long. (ddmmddd, dd.dddd, or ddmms)

7. Plugging Material: _____

8. Is the well located in any restricted drilling zone, superfund site or area with injurious water? Yes No

9. If yes, which zone, site or area: _____ Type of contamination: _____

10. Ground water Conservation District: _____

11. Attach a Diagram of well construction or plugging procedure on additional paper.

12. Attach a Diagram of site and distances on additional paper.

Signature of Driller (or person submitting request)

Date

\$100.00 VARIANCE FEE MUST ACCOMPANY EACH REQUEST
(cash, check or money order)