Clearwater Underground Water Conservation District
Phone: 254/933-0120 Fax: 254/933-8396
P.O. Box 1989, Belton, TX 76513

*Every drop counts!*

# GROUNDWATER INVESTIGATION REQUEST FOR PLATTING

**To:** All Platting Authorities within the political boundaries of Bell County
*(including, but not limited to, rural areas which are not a part of an existing city limit or ETJ)*

**Subject:** Groundwater Resource Investigation as required in the Subdivision Platting Process

## Purpose:

*CUWCD (District) requests that all County and Municipal Authorities with political over-site to the development/approval of proposed subdivisions require a groundwater resource investigation and analyses.

**CUWCD will participate as needed during the platting approval process. CUWCD will complete a groundwater resource investigation as a part of the platting process. The investigation will evaluate the regulatory status of existing wells (registered/unregistered), well head condition, and determine if requiring plugging before final approval of the proposed plat and subdivision is necessary. If the development intends to have the wells maintained and operational for the subdivision, the District will review the legal process for appropriate permitting under CUWCD Rules and Chapter 36 "Texas Water Code for Groundwater Conservation Districts" and will advise all parties of the feasibility.*

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| **Development Name and Information** | **Site Address / Description** |
|---|---|
| Name:_____ | Total Development Size (*acres*): _____ |
| Address:_____ | List all Property ID's per BellCAD: |
| _____ | _____ _____ |
| FAX: _____ | _____ _____ |
| Email: _____ | _____ _____ |
| Office Phone: _____ | _____ _____ |
| Cell: _____ | |

**Legal Description of Proposed Subdivision**

**Subdivision Name:**_____Survey Name:_____ **LOT:** _____

Block# _____ **Acres** _____ **Abstract #:** _____ **Property ID #** _____

Geographic ID # _____

☐ Total # **of Existing wells** ☐ **# registered wells** ☐ **# nonregistered wells**

Maintained Roads by: City: _____ County: _____ CCN# _____ CCN Utility:_____

_____
Name of requesting entity *(City, Village, MUD, SUD)*

_____
**Typed Name** **Date**

*Completion of this form and submitted to Clearwater UWCD will initiate the investigation*

**SUBMIT FOR ADMIN REVIEW**