



CITY OF VICTORIA

Established 1824, Founded by Congress, Republic of Texas, 1839

Department of Public Works

Pretreatment Division

700 Main Center, Suite 108

Victoria, Texas 77901

Date: _____

Attached is an Application for Permit to construct a Private Water Well. Please complete the enclosed application and return it to the Department of Public Works, Pretreatment Division, at 700 Main, Suite 108, or by mailing it to P.O. Box 1758, Victoria, Texas, 77902-1758.

Pursuant Chapter 13, Section 60, of the Victoria City Code, your application will be reviewed for approval by the Director.

If you have any questions, I may be contacted at 361/485-3186.

Sincerely,

James M. Cantrell Jr.,
Pretreatment Manager

enclosure



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Application # _____

CITY OF VICTORIA

PRIVATE WATER WELL APPLICATION

I hereby make application for construction of a monitoring water well as described below and do agree to comply with all ordinances and regulations now in effect or that may be passed for the protection and preservation of the underground water supply to the City of Victoria.

LEGAL DESCRIPTION

Address: _____

Lot: _____ Block: _____ Addition: _____

****PROVIDE MAP INDICATING LOCATION****

APPLICANT INFORMATION

Owner of Property: _____

Address: _____

Phone: _____

Contact Person Regarding this Well: _____

Address: _____

Phone: _____

Name of Person or Parties Responsible for Legal and/or Financial Responsibility of proposed well:

Name: _____

Address: _____

Phone: _____



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WELL INFORMATION

Proposed depth of well _____ Size of Casing _____

Proposed construction design: _____

DRILLER INFORMATION

Name of Driller: _____

Address: _____

Phone: _____ TX Cert. # _____

Monitoring water well permits **do not** authorize the discharge of any waters into the sanitary sewer system of the City of Victoria.

When will this well be plugged and/or the use of discontinued in the future? _____.

If so when? _____

Signature of Applicant: _____

Address/Phone: (if different from above) _____

Date: _____

Signature of Property Owner: (if different from applicant)

Date: _____

Incomplete forms will not be processed and will be returned to the applicant for revision.
s:ptgrease/monitoring water well application