



**Department of Public Works  
Pretreatment Division  
700 Main Center, Suite 107  
Victoria, Texas 77901**

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached is an application for Permit to construct a Private Monitoring Water Well. Please complete the enclosed application and return it to the Department of Public Works, Pretreatment Division, at 700 Main, Suite 107, or by mailing it to P.C. 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, please contact us at (361) 485-3186.

Sincerely,

City of Victoria Pretreatment Staff

Application # \_\_\_\_\_

**CITY OF VICTORIA**

**PRIVATE MONITORING 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: \_\_\_\_\_

**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.**