



**For EAA Use Only**  
Form: 12202019

Entity #: E \_\_\_\_\_  
Application #: C \_\_\_\_\_  
Well #: W \_\_\_\_\_

900 E. Quincy, San Antonio, Texas 78215  
(210) 222-2204 or 1-800-292-1047 Fax (210)222-9869

## Renewal Application for Well Capping Permit

### One application required for each well.

1. This application must be completed, signed, and submitted to the EAA for a renewal capping permit.
2. The application must be typed or printed legibly using ink.
3. A fee of \$125.00 must accompany the application. (\$25 application fee and \$100 administrative fee)
4. Checks and money orders made payable to the "Edwards Aquifer Authority" will be accepted. Do not submit cash. To pay by Credit Card, please open <https://www.edwardsaquifer.org> and click Online Payments and follow the instructions. **Please provide the payment Confirmation No.** \_\_\_\_\_.
5. Upon receipt of a complete application, please allow thirty (30) days for processing.
6. Incomplete applications will be returned to the applicant for completion.

### **I. - General Information** – Please provide **all** of the following:

1. Property Owner Name: \_\_\_\_\_
2. Property Owner Contact Name: \_\_\_\_\_
3. Property Owner Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_
4. Property Owner Mailing Address: \_\_\_\_\_
5. Agent Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_
6. Agent Company Name: \_\_\_\_\_ Email \_\_\_\_\_
7. Agent Mailing Address: \_\_\_\_\_

### **II. - Well Site Information** - Please provide **all** the following:

1. Well Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
2. Old EAA Well Capping No(s): \_\_\_\_\_

### **III. – Owner’s or Agent’s Certification:**

**I certify that, as the Applicant, I am the owner of the well which is the subject of this Application, or the Authorized Agent of the well owner. Additionally, I certify that each and all of the statements and information contained herein are true and correct to the best of my knowledge and belief. Moreover, I agree to fully comply with the terms of the Edwards Aquifer Authority Act, the rules of the EAA, and any well capping permit that may be issued pursuant to this Application.**

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Co-Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_