

Saratoga Underground Water Conservation District

P.O. Box 268 • Lampasas, TX 76550 Phone: 512-734-4073

Email: SaratogaUWCD@gmail.com Website: saratogauwcd.com

WELL AGENT AUTHORIZATION FORM

Property and Well Owner: _____

Address: _____

Phone: _____

Email: _____

Agent: _____

Address: _____

Phone: _____

Email: _____

I make, constitute and appoint the above-named agent as my true and lawful agent (Agent) in my name, place and stead to comply with the rules of the Saratoga Underground Water Conservation District (SUWCD, or the District) on the following real property:

Property: _____

Lampasas County, Texas

I hereby verify that I own the acres of the Groundwater Rights under the Property.

My Agent is authorized to:

YES NO Apply for Operating Permits,

YES NO Apply for Drilling Permits,

YES NO File and report on the Operating and/or Drilling Permits. If such permits are approved by the District, the Agent is authorized to employ the services of a Texas licensed water well driller and other qualified service providers to drill and equip Water Wells on the Property and operate Water Wells, as the term, Water Wells is defined in SUWCD Rules.

YES NO Agent will file any and all reports on the Property as may be required by SUWCD Rules including but not limited to the following:
- Location of meters including a description of metering methods used
- Annual water use reports
- Any other information required by SUWCD Rules

I hereby agree to indemnify and hold harmless the District or any other person or entity that relies on this Agent Authorization Form from any and all claims which may be asserted by me, my legal representatives, or any third party.

All rights, powers and authority of my Agent to exercise any powers granted hereunder shall be effective immediately upon the execution thereof. Such rights, powers and authority of the Agent shall remain in full force and effect thereafter until such authority is terminated by me by written notice delivered to the District.

By: _____ Date: _____

Printed Name: _____

State of _____ §
§
County of _____ §

This instrument was acknowledged before me on this _____ day of _____,

20 _____ by _____

Notary Public