



**Fayette County Groundwater Conservation District**  
 255 Svoboda Lane, Room 115  
 La Grange, TX 78945  
 Phone: (979)968-3135 Fax: (979)968-3194  
 email: wendi@fayettecountygroundwater.com

**WATER USE REPORT**

**Permit Information:**

Well Owner: \_\_\_\_\_ Permit No. \_\_\_\_\_

**Water Use Information: YEAR: 2024**

Please complete the table below listing the amount of water use for each individual type of use. If well was used for different types of crops, list the different crops, acreage, and the amount of water for that crop separately. If this well is used in an aggregated system, under "Acres", please list the total amount of acres in the system. **Please convert all gallons into the measurement of acre foot.**

**1 acre foot = 325,851 gallons. Please carry out "Amount of Water" to three decimal places.**

Month	Acres	Amount of Water (ac.ft)	Month	Acres	Amount of Water (ac.ft)	Month	Acres	Amount of Water (ac.ft)
January			May			September		
February			June			October		
March			July			November		
April			August			December		

Total Annual Volume (ac.ft.) = \_\_\_\_\_

**Water was used for:** (Circle one)

Public Water Supply      Municipal      Irrigation      Commercial  
 Rig Supply      Other (please explain): \_\_\_\_\_

Agricultural Users: Crop: \_\_\_\_\_ Acres Irrigated: \_\_\_\_\_

**Measurement Method:**

Please explain your method of measuring your water usage (i.e. Meter, GPM X Hours Run, Fuel Consumption, Gallons Per Employee X Working Days)

\_\_\_\_\_

**Certification:**

Applicant agrees that water produced/withdrawn from the permitted well was put to beneficial use at all times.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

I, well owner/well operator, hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
 Well Owner/Well Operator  
 (Please Print Name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

District Use Only	
Date Received:	
Permit ID No.:	
Permitted Amount:	
Exceed Permit?:	Yes    No
FCGCD Signature:	

Company \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_