



City of WolfForth  
PO Box 36 / 302 Main Street  
WolfForth, TX 79382  
**Water Well Permit Application**  
**Non-Potable, Irrigation Use Only**

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**Contact Information**

Property Owner Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**Project Information**

Permit Type:    Drilling/Construction    Refurbish    Repair/Correction    Abandon/Plug

Exact Location of well: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pump Rate \_\_\_\_\_ Well Depth \_\_\_\_\_  
Diameter \_\_\_\_\_ Casing Size and Weight/foot \_\_\_\_\_

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**Drilling Contractor Information**

Contractor Name \_\_\_\_\_  
License Number \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**Additional Information needed for Drilling/Construction or Repair/Correction Permits**

Estimated amount pumped daily \_\_\_\_\_  
Drilling/Construction Method \_\_\_\_\_  
Type of Equipment \_\_\_\_\_  
OR  
Repair/Correction Method \_\_\_\_\_  
Type of Equipment \_\_\_\_\_

**Minimum Requirements**

- Include a Schematic drawing indicating the location on the property and include all applicable measurements from property lines, structures, power lines, septic tanks and drain fields, septic heads/soil absorption areas, barns and animal pens, permanent derricks and towers and city wells.
- Include a copy of High Plains Underground Water District No. 1 permit (if required)
- An RPZ Assembly Installation/Inspection Report must be on file with the City of Wolfforth before the well is approved for operation. Please call (806)855-4120 to schedule your inspection upon completion of work. **A reinspection of the RPZ is required every year and must be on file with the City of Wolfforth.**

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I hereby certify that the above statements are true facts concerning the scope of work for which this application is made and it is understood and agreed that permittee shall comply with all of the conditions and requirements of the pertinent ordinances and the Codes of the City of Wolfforth, which ordinances and conditions thereof are hereby adopted and incorporated by reference the same as if fully written herein.

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

Printed name: \_\_\_\_\_

Inspections can be scheduled by calling (806)855-4120 Monday-Friday 8am to 5pm. For any questions or more information on the permit process, please contact the City of Wolfforth Director of Planning and Community Development at (806)855-4159 or email plans1@wolfforthtx.us

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Office Use Only

Approved \_\_\_\_\_  
Date

Denied \_\_\_\_\_  
Date

Permit Fee \_\_\_\_\_

Paid \_\_\_\_\_  
Date

Cash            Check            Money Order

Credit/Debit Card

HPUWD Permit Required             Yes

No

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
RPZ Installation Report (Date Received)