

Article XII, Chapter 40, City of Houston Code of Ordinances

All permits shall be effective one (1) year from date of issuance

APPLICANT INFORMATION

Date: _____ Is this a renewal application? __Yes __No

If yes, which permit(s)? _____

Applicant

If applicant is a corporation, partnership or association, then the applicant shall provide evidence of its existence, of its authority to maintain the facility, and of the authority of the person signing the application to act on behalf of the entity.

Name: _____ Email address: _____

Phone number: _____ Fax number: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Person Authorized to File Application

Must be the same person to sign Acknowledgement & Affidavit in Section V.

Name: _____ Title: _____

Phone number: _____ Email: _____

Type of Business Entity: _____

For example, corporation, partnership, association, sole proprietorship. Organization documents of business entity should be attached (certificate of incorporation, assumed name certificate, etc.)

Corporate Registered Agent (if applicable)

Name: _____ Title: _____

Phone number: _____ Email: _____

Emergency Contact Information

List two (2) persons other than the person filling for permit

Name: _____ Cell phone number: _____

Business phone number: _____ Home phone number: _____

Business address: _____

City: _____ State: _____ Zip code: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Name: _____ Cell phone number: _____

Business phone number: _____ Home phone number: _____

Business address: _____

City: _____ State: _____ Zip code: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Agents, Contractors or Engineers

List every agent, contractor or engineer that will perform work in the installation, monitoring and removal of facility.
Additional information may be attached. A copy of the Driller's state license for drilling monitoring well facilities must also be attached.

Name: _____ Phone number: _____

Address: _____

Work performed: _____

Name: _____ Phone number: _____

Address: _____

Work performed: _____

Name: _____ Phone number: _____

Address: _____

Work performed: _____

MONITORING WELL/BORING INFORMATION

Identifying number: _____ Applying for multiple facilities? Yes No
(LPST, VCP, DCRP, etc.)

Number of Facilities *(identify the type of each facility)*

Monitoring well/device: _____ Environmental test boring(s): _____

TOTAL: _____

Detailed Facility Location Description*

Include facility ID. Attach additional descriptions for multiple locations, if needed. All GIS Coordinates are required in WGS84, decimal degrees.

1st location: _____ Lat = _____

Long = _____

Key Map: _____

2nd location: _____ Lat = _____

Long = _____

Key Map: _____

Address of suspected contamination source: _____

**Attach a colored GIMS map identifying the location of each facility; all city utilities near each facility; the distance of each facility from city utilities; the location description provided by the Global Position Satellite; and latitude, longitude coordinates provided in the Geographic Information System WGS84. Attach plans showing design, dimension and depth of each facility; the way each facility will be placed; and the process that will be used for the removal and closure of each facility. Information is required for both monitoring wells and borings. A minimum of 10 feet between each facility and any existing sanitary sewer line, and a minimum of 5 feet between each facility and any existing water and storm line and traffic signal conduit must be maintained.*

Registered Engineer/Surveyor: _____
(only applies if colored GIMS map is not used to identify location of facilities)

Address: _____

Phone number: _____ Plan number: _____

PERMIT INFORMATION

Permit type	Application fees	Calculations
Original	\$444.51 (1 st facility) + \$33.56 (administration fee) + \$95.25 (each additional facility)	\$ _____
Renewal	\$95.25 (per facility) + \$33.56 (administration fee)	\$ _____
TOTAL FEE		\$ _____

All fees are non-refundable

INSURANCE AND BOND INFORMATION

No permit will be issued without an insurance and bond certificate.

Restoration Bond No.: _____ Restoration Bond Sum: _____
(attach original bond) (\$1000 1st well + \$750 each additional)

Bond surety name: _____ Phone number: _____

Address: _____

Contact person: _____ Email address: _____
Insurance Policy No: _____
Insurer: _____ Contact person _____
Address: _____
Email address: _____ Phone number: _____

ACKNOWLEDGEMENT AND AFFIDAVIT

The undersigned Applicant acknowledges, and agrees to observe all provisions of Article XII, Chapter 40, City of Houston Code of Ordinances, with all subsequent revisions, that are applicable to the work herein described and will perform work in accordance with the above plans and specifications. Applicant further swears under penalty of law that the information provided herein is true and correct to the best of Applicant's knowledge.

Applicant signature: _____

Agent name: _____ Title: _____
(Must be the same person authorized in Section I)

Agent signature: _____

For expedited service, submit completed application and supplemental documents via email to:

MonitoringWells@houstontx.gov

Documents can also be mailed with a processing time of up to 4 to 6 weeks:
City of Houston, Office of the City Engineer
Encroachment Permits
1002 Washington Ave, 2nd Floor
Houston, TX 77002