



5. **Information related to well spacing exception:** *(attach additional pages if necessary)*

I am unable to comply with the District's spacing rules because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reason I am requesting an exception to the spacing limit is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compliance with the well spacing rules would create a hardship on me because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ I agree to submit any other information the General Manager or the Board of Directors may request in support of this application.

*I, the undersigned Applicant, hereby certify that the information herein is true and correct to the best of my knowledge and belief.*

Signature \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

Application approved for exception to the District's well spacing rules. Spacing distance of \_\_\_\_\_ feet from \_\_\_\_\_.

Approval Effective on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Uvalde County UWCD

By: \_\_\_\_\_

Title: \_\_\_\_\_