

APPLICATION FOR PERMIT AMENDMENT

Coastal Plains Groundwater Conservation District

2200 7th St., #303

Bay City, TX 77414

(979) 323-9170 (979) 245-5661 SHorris@co.matagorda.tx.us

District Use Only

Permit No. _____

Well No. _____

(Please refer to Rule 3.19 for Permit Amendments.)

Application Date: _____

-This form may be faxed or mailed-

Part I – Permit Owner and Permit Information:

Owner: _____

Phone: _____

Mailing Address: _____ (Actual Location) _____ Fax: _____

City: Bay City _____ State: TX _____ Zip: _____

Contact: _____ Phone: _____

Permit No _____ Registration No _____

Part II – Well Information:

Purpose of Amendment: Re-Equip _____ Change in Ownership _____ Increase permitted volume _____ Decrease permitted volume _____
(check all that apply)

Please provide a detailed explanation for the permit amendment request:

Part III – Amendment Information:

For a change in ownership, please complete the information for the new well owner:

Owner: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

For an increase in permitted volume, what additional amount are you requesting for the permit term? _____

For a decrease in permitted volume, what decrease amount are you requesting for the permit term? _____

Part IV – Certification:

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times. Yes No

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

Print Name

Signature of Well Owner or Agent

Date