

APPLICATION TO AMEND PERMIT TO DECREASE AUTHORIZED WITHDRAWAL

Lone Star Groundwater Conservation District

PO Box 2467, 332 N Main

Conroe, Texas 77305

Phone: (936) 494-3436 Metro: (936) 441-3437 Fax: (936) 494-3438

Email: lsgcd@txucom.net Web Site: www.lonestargcd.org

District Use Only

Date Received: _____

Received By: _____

-This form may be faxed or mailed-

PLEASE COMPLETE ALL INFORMATION:

Application Date: _____

Operating Permit Number: _____

Current Operating Permit Total Authorized Withdrawal: _____ Gallons

Desired Amended Operating Permit Total Authorized Withdrawal: _____ Gallons

Permittee Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Attention: _____ Phone: _____

READ THIS STATEMENT CAREFULLY

I understand that I am seeking an amendment to decrease the total authorized amount of groundwater I am permitted to produce in a calendar year under my Operating Permit. As set forth in the District Rules, I realize that, if this permit amendment is approved, I will NOT be entitled to increase the total authorized amount of groundwater that I am permitted to produce under this Operating Permit in the future without seeking an amendment to the permit, which will require notice, hearing, and approval by the Board of Directors of the District. I also understand that any such future applications to amend the permit to increase the total authorized withdrawal above the amended amount I am seeking in this application may be denied or granted in a lesser amount than I may apply for based on groundwater availability or the District Rules.

CERTIFICATION

I have read the preceding statement and understand it. I hereby certify that the information I have given in this application is true and accurate to the best of my knowledge and belief.

Print Name

Signature of Well Owner or Authorized Agent

Date

Status: APPROVED / DENIED

General Manager _____

Date _____