



Lone Star Groundwater Conservation District

655 Conroe Park North Dr., Conroe, Texas 77303
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Email: info@lonestargcd.org Web Site: www.lonestargcd.org

**APPLICATION TO AMEND PERMIT
-TO DECREASE AUTHORIZED WITHDRAWAL-**

District To Complete

Date Received: _____

Received By: _____

QB Received: _____

PLEASE COMPLETE ALL INFORMATION:

Application Date: _____

Permit Number: _____

Current Permit Total Authorized Withdrawal: _____ **Gallons**

Desired Amended Permit Total Authorized Withdrawal: _____ **Gallons**

Permit Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Attention: _____ Phone: _____

Reason for decrease: _____

Current meter reading: _____

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 or Historic 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 or Historic Use 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 under the then applicable District Rules. Further, as set forth in the District Rules, I realize that, if this permit amendment to my Historic Use Permit is approved, I cannot later amend my Historic Use Permit to increase my authorization and that any subsequent requests for increases must be sought through an application for an Operating Permit under the then applicable District Rules. 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: _____