

Lone Star Groundwater Conservation District

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District To Complete
Permit No:
Annual Production Limitation:

REQUEST FOR WITHDRAWAL OF A PERMIT

withdrawal of a permit for all wells	within the permits listed below.	
Date of Application:		-This form may be faxed or mailed
☐ Historical Use Permit		Operating Permit
	(Print Current HUP #)	Operating Permit (Print Current OP #)
<u>GENERAL</u>		
Well Owner:		Phone:
Contact:	E-mail:	Fax:
REASON FOR WITHDRAWAL		
Mark appropriate box with (x):		
□ Well is plugged (Please□ Well is capped (Please□ Well was never drilled	attach plugging report) attach photo documenting cap)	☐ Type of water use changed to Exempt ☐ Other (explain)
** RE A	AD THIS CERTIFIEI	D STATEMENT CAREFULLY **
I fully understand and agree that	nt by filing this Request for I	Withdrawal that I, as the Permit Holder or as a legally authorized
representative on behalf of the Pe	rmit Holder, am forever withda	rawing, forfeiting, and disclaiming any and all interest that the Permit
Holder identified above may have	in any Historic Use or Existing	g Use claimed in the above-referenced Permit. I have full authority to
act on behalf of the Permit Holder	and to file this Request for Win	thdrawal and do so voluntarily and with full knowledge of and consent
to the implications and effect of wi	thdrawing the Permit.	
I understand and agree that to op	erate or withdraw groundwater	r from the wells identified in the Permit that the Applicant would be
required to apply for and secure an	Operating Permit from the Dis	trict, in accordance with then applicable District Rules, and that there is
no guarantee that an Operating Per	mit will be available now or in	the future for the Applicant and the wells in the Permit, so that I hereby
potentially waive and forfeit for al in the Permit.	l times Applicant's rights, claim	n, and ability to produce any water whatsoever from the wells identified
	ement and understand it.	FICATION I hereby certify that the information I have given in this is the best of my knowledge and belief.
Print Name	Signature of A Authorized Re	
Status: APPROVED /	DENIED	
General Manager		Date