



208 Kimberly Dr | Cleburne, TX 76031 | Phone: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

## APPLICATION TO AMEND A WELL REGISTRATION

This application is hereby made under District Rule 3.3 and its regulations to amend Well ID: PGCD-\_\_\_\_\_.

Well Owner Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	Contact Name: _____ Email: _____ Phone: _____
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**The following amendments are required:**

**The reasons for the amendments include:**

A copy of the original well application is attached  Yes  No

Documentation supporting the application for amendment (list):

**Certification**

By signing below, I hereby certify that the information provided herein and given herewith is true and accurate to the best of my knowledge and belief. I further certify that all water produced from the well(s) that is the subject of this Operating Permit will at all times be put to beneficial use. I further certify that I will comply with the District's Management Plan and Rules.

Name of authorized representative	Job designation
Phone:	Email:
Signature	Date:

**DISTRICT USE ONLY**

Date received: \_\_\_\_\_ Approved:  Yes  No Amended Well ID # \_\_\_\_\_

\_\_\_\_\_  
 General Manager Signature \_\_\_\_\_  
 Date