



208 Kimberly Dr | Cleburne, TX 76031 | Phone: 817-556-2299 | Fax: 817-556-2305 | [www.prairielandsgcd.org](http://www.prairielandsgcd.org)

## APPLICATION TO AMEND OPERATING PERMIT

This application is hereby made under District Rule 3.9(e) and its regulations to amend an Operating Permit. An administrative fee must accompany this application; refer to <https://www.prairielandsgcd.org/well-registration/district-fees/>.

Permit Holder/System: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### The following amendments are required:

*\*If a political subdivision or other retail public utility, any request for additional groundwater, Applicant must provide a five-year Water Audit, including average annual real water losses for the previous five-year period as required (Rule 5.8(c)).*

### The reasons for the amendments include:

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/title:

Phone:

Email:

Signature

Date:

### DISTRICT USE ONLY

Date received: \_\_\_\_\_ Fee received: \_\_\_\_\_ Check#/TID# \_\_\_\_\_

Date of Board Meeting: \_\_\_\_\_ ( ) Approved ( ) Denied

Reason for denial: \_\_\_\_\_