



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

## APPLICATION TO AMEND PERMIT TO DECREASE AUTHORIZED WITHDRAWAL

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: \_\_\_\_\_

**Current Permit Total Authorized Withdrawal:**

**Desired Amended Permit Total Authorized Withdrawal:**

Reason for decrease:

**\*\*\*\* 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 Historic Use Permit (HUP) or Operating Permit (OP). 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 HUP or OP 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. I further understand that if this permit amendment to my HUP is approved, I cannot later amend my HUP to increase my authorization and that any subsequent requests for increases must be sought through an OP application 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**

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#** \_\_\_\_\_

**General Manager:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

