APPLICATION TO AMEND HISTORIC USE-DECREASE AUTHORIZED WITHDRAWAL

LOWER TRINITY GROUNDWATER CONSERVATION DISTRICT
602 E. Church Street - P.O. Box 1879 - Livingston Texas 77351
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District Use Only

Date Received: _____

Received By: _____

-This form may be faxed or mailed-

PLEASE COMPLETE ALL INFORMATION:

Application Date: _____

HUP Number: _____

Current Historic Use Authorized Withdrawal: _____ **Gallons**

Desired Amended Historic Use Total Authorized Withdrawal: _____ **Gallons**

Applicant Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Attention: _____ Phone: _____

READ THIS STATEMENT CAREFULLY

I understand that I am seeking an amendment to decrease the total authorized amount of groundwater for my Historic Use. As set forth in the District Rules, I realize that if this amendment is approved, once the Historic Use verification period closes (December 2008), I will NOT be entitled to increase the total authorized amount of groundwater unless I apply for an Operating Permit, which will require notice, hearing, and approval by the Board of Directors of the District. I also understand that any such future applications 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 _____