

**APPLICATION FOR PERMIT AMENDMENT**

Coastal Bend Groundwater Conservation District  
109 East Milam Rd  
PO Box 341, Wharton, TX 77488  
(979) 531-1412 Fax: (979) 531-1002 Email: thedistrict@cbgcd.com  
*This form may be faxed, emailed or mailed*

(Please refer to Rule 3.19 for Permit Amendments.)

Date: \_\_\_\_\_

**Part I – Permit Owner and Permit Information:**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit No \_\_\_\_\_ Registration No \_\_\_\_\_

**Part II – Well Information:**

Purpose of Amendment: Re-Equip\_\_\_\_ Change in Ownership\_\_\_\_ Increase permitted volume\_\_\_\_ Decrease permitted volume\_\_\_\_  
*(check all that apply)*

Please provide a detailed explanation for the permit amendment request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part III – Amendment Information:**

*For a change in ownership, please complete the information for the new well owner:*

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*For an increase in permitted volume, what additional amount are you requesting for the permit term?* \_\_\_\_\_

*For a decrease in permitted volume, what decrease amount are you requesting for the permit term?* \_\_\_\_\_

**Part IV – Certification:**

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times.  Yes  No

**I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Well Owner or Agent

\_\_\_\_\_  
Date