



P.O. Box 667
Columbus, TX 78934
979-732-9300 Phone
979-732-9301 Fax
www.ccacd.net

Major Amendment to Permit Application Form

INSTRUCTIONS

1. Print legibly.
2. All blanks must be filled as indicated. If the information is not applicable, enter "N/A".
3. Forms must be signed and certified by a notary public.

IMPORTANT NOTES

1. Any amendment not defined as a Minor Amendment by CCGCD District Rules is considered to be a Major Amendment and shall be subject to all the requirements and procedures applicable to issuance of a new permit for a new well. This includes but is not limited to a change in qualifying information such as repair or reworking a well such that it results in an increase in pump capacity, a change in the boundaries of the property, or a change in the type of use of the water produced.
2. An application fee may, if any, may be required to accompany the application.
3. The applicant is responsible for ensuring that the Rules of the CCGCD will be followed. Lack of knowledge of the Rules is not a defense of violation of the Rules.

MAJOR AMENDMENT APPLICATION FORM

1. APPLICANT FOR MAJOR AMENDMENT		
Name:		Permit Number:
Address:		Expiration Date:
City/State/Zip:		
Telephone:		
Email:		
Is the applicant the same as on the original permit?		

2. REASONS FOR A MAJOR AMMENDMENT (check all that apply)	
<input type="checkbox"/> Reworking or replacing well w/ a larger pump (fill out section 3 below)	<input type="checkbox"/> Deepening of the well (fill out 3 below)
<input type="checkbox"/> Adding new screened zones (fill out 3 below)	<input type="checkbox"/> Change in the use of the well (fill out 4 below)
<input type="checkbox"/> Change in boundaries of the property (fill out 5 below)	<input type="checkbox"/> Other
If Other, please describe in the space below the reason and provide an explanation for why the amendment is necessary.	

3. WELL INFORMATION AFTER MODIFICATION			
Maximum Pumping Capacity:	gpm	Total Depth of Well:	feet
Screening Intervals:			
If not yet drilled, provide driller estimate.			
Type of Pump:		Depth to Pump:	
Inside Diameter of the Pump (Discharge):	inches	Horsepower:	hp
Diameter of Casing:	inches		

4. CURRENT TYPE OF WATER USAGE (check all that apply)		
<input type="checkbox"/> Irrigation (including all agricultural use)	<input type="checkbox"/> Industrial/Commercial (including nurseries & dairies)	
<input type="checkbox"/> Municipal/Public Supply	<input type="checkbox"/> Single-Family Dwelling (including lawn irrigation)	<input type="checkbox"/> Livestock
<input type="checkbox"/> Mining (including for gravel)	<input type="checkbox"/> Rig Supply (including hydraulic fracture stimulation)	<input type="checkbox"/> Other
If Other, please specify.		

PROPOSED WATER USAGE (check all that apply)		
<input type="checkbox"/> Irrigation (including all agricultural use)	<input type="checkbox"/> Industrial/Commercial (including nurseries & dairies)	
<input type="checkbox"/> Municipal/Public Supply	<input type="checkbox"/> Single-Family Dwelling (including lawn irrigation)	<input type="checkbox"/> Livestock
<input type="checkbox"/> Mining (including for gravel)	<input type="checkbox"/> Rig Supply (including hydraulic fracture stimulation)	<input type="checkbox"/> Other
If Other, please specify.		

5. CHANGE IN PROPERTY BOUNDARIES
Is the permit being amended for an aggregate well system?
Has there been a change in property lines that affects the acreage assigned to the permitted well(s)?
Was there a sale of property or change of ownership that affected the property boundaries?
Are the property boundaries being increased or decreased?
How many acres were associated with the well in the permit?
How many acres will be associated with the well in the amended permit?
Include a map showing the location of permitted well(s) and the original and new property boundaries.

CERTIFICATION:

I hereby agree that water produced/withdrawn from the proposed well(s) in this application will be put to beneficial use at all times. I further certify that the information given herewith is true and accurate to the best of my knowledge and belief. I hereby declare that the well owner or authorized permittee will comply with well plugging guidelines and will report the well closure to the District. For replacement wells, the original well must be permanently plugged and abandoned within 60 days of the approved amendment or the amended permit will be void.

Print Name

Signature of Well Owner or Agent

Date

State of Texas, County of _____

This instrument was acknowledged before me on this _____ day of _____, _____ by

_____.

(Printed Name)

(Notary Public Signature)