



910 Milam Street, Columbus, TX 78934
Phone: (979)732-9300 | www.ccgcd.net

Supplemental Operating Permit Application

INSTRUCTIONS

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

IMPORTANT NOTES

1. An operating permit application must be declared administratively complete by the District General Manager before the application can be considered for approval. An application may be rejected as not administratively complete if the District finds that substantive information required by the application or District staff is missing, false or incorrect.
2. A Class "C" operating permit is subject to a permit hearing and approval by the District Board of Directors. A Class "B" operating permit is subject to Board approval at scheduled District Board meetings. A Class "A" operating permit is subject to the approval of the General Manager.
3. If the terms and conditions of operation listed in the permit have not changed, the General Manager has authority to approve the renewal of an operating permit without notice, hearing or further action by the Board. If the well owner or operator seeks to change any of the permit terms or conditions in the renewal application, the application will be considered as if it was a new permit application.
4. Processing fees, if required, must accompany the application. Failure to pay processing fees could result in an application being declared as not administratively complete.
5. A permit is not a vested right of the holder and may not be transferred by the holder. A permit may be transferred by the Board and/or General Manager to another person by submitting the proper documentation.
6. A minor amendment to an operating permit may be granted by the General Manager without notice, hearing or further action by the Board. A permittee may apply for a minor amendment for the following actions: (i) change in the name or address of the well owner without any change in use; (ii) decrease in the maximum authorized withdrawal; (iii) conversion of two or more wells individually permitted by the same permittee into an aggregate system; or (iv) the addition of domestic or livestock use as a use to a permitted well without the maximum authorized withdrawal amount or rate being increased. Any other change is considered a major amendment and shall be subject to all the requirements and procedures applicable to issuance of a new permit for a new well.
7. The applicant is responsible for ensuring that the Rules and Regulations of the CCGCD will be followed. Lack of knowledge of the Rules is not a defense of violation of the Rules.

Colorado County Groundwater Conservation District

SUPPLEMENTAL OPERATING PERMIT APPLICATION

1. WELL OWNER

Name:			
Address:			
City/State/Zip:			
Telephone:		Cell:	
Email:		Fax:	

2. PERSON COMPLETING THIS FORM

Name:			
Address:			
City/State/Zip:			
Telephone:		Cell:	
Email:		Fax:	

3. EXISTING PERMIT

What is the Existing and Historic Use Permit number that you wish to supplement?
What is the current 3-yr permit amount?

4. USE OF WELL

Has the type of usage of groundwater for this well changed? () Yes () No
If yes, explain the nature of the change.

5. PROJECTED INCREMENTAL USAGE (Irrigation and/or Waterfowl Usage only)

How much additional water do you need over the 3-Year permit term:
Is the water to be used for irrigation or waterfowl? () Yes () No
If yes, is the need due to additional acreage being watered? () Yes () No
If yes, provide a map showing the acreage to be irrigated or watered.

6. PROJECTED INCREMENTAL USAGE (Non-irrigation or Waterfowl usage only)

How much additional water do you need over the 3-Year permit term:
Describe why additional water is needed?

7. DISTRICT RULES

Does the permit applicant and permit holder agree to review and abide by District Rules? Initial here. _____
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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.

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