

APPLICATION FOR RENEWAL  
OF A  
PRODUCTION PERMIT

**General Instructions:** Please provide the information requested below and timely file this application in accordance with the District's rules.

**Name of Permit Holder Applying for Permit Renewal:** \_\_\_\_\_

**Existing Well Name(s) and Registration #(s):** \_\_\_\_\_

**Contact/Authorized Representative:** \_\_\_\_\_  
(if Authorized Representative is not the permit holder, provide documentation evidencing authority to represent the permit holder).

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Fax: \_\_\_\_\_

If any information about the owner of the surface or water rights or any contact information set forth in the application or permit has changed, please state the change(s): \_\_\_\_\_

Is Applicant requesting a change to any of the existing Production Permit's terms and conditions?

No       Yes

If Yes, please explain desired change(s):

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

Note that some but not all changes may require the filing of an Application to Amend an Existing Production Permit in accordance with the District's rules.

Is Applicant requesting the renewal of authorization to transfer groundwater outside the District's boundaries?

No       Yes

If Yes, the District may request additional information to address statutory renewal considerations.

**Declaration:** I agree that the water withdrawn from the well will be put to beneficial, nonwasteful use at all times. I agree that reasonable diligence will be used to protect groundwater quality. I agree to abide by the rules of the District, plans promulgated pursuant to the District's Rules, the District Management Plan, and orders of the District's Board of Directors. I agree to comply with the District's well capping and plugging guidelines and report any well closure to the District. Furthermore, I agree not to exceed the production allowance of the Production Permit.

**I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Applicant or Designated Representative

Printed name: \_\_\_\_\_

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