



## APPLICATION FOR AMENDMENT

*This form may be submitted in person, by mail or e-mail, or online at [www.benbrookwater.com](http://www.benbrookwater.com)*

Use this application form to request an amendment to an existing Well Registration or Operating Permit, including a change in ownership of a well registered or permitted with the Authority.

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

This application is for (check all that apply):

- A change in ownership of a registered well (no permit)
- A change in ownership of a registered and permitted well
- An amendment to a registered well that does not include a change in well ownership
- An amendment to an Operating Permit that does not include a change in well ownership

**I. CURRENT WELL REGISTRATION/OPERATING PERMIT HOLDER INFORMATION**

Well Registration # \_\_\_\_\_ Well Permit # (if applicable) \_\_\_\_\_

Company Name (if entity): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

*\*Please include street number, street name, city, state, and zip)*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. REASON FOR AMENDMENT**

Is this application to notify the Authority of a change in ownership of a registered or permitted well? ( ) Yes ( ) No

**If “Yes,” skip to Section III. If “No,” provide the following information and sign and date the Certification at the end of this application.**

Describe the amendment(s) sought and the reason the amendment(s) is needed below:

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

Documentation supporting the request for amendment (list here and attach documents as applicable):

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

### III. TRANSFER OF OWNERSHIP

Absent an express reservation of rights in the transferor, the transfer of ownership of the well(s) designated by an Operating Permit is presumed to transfer ownership of the permit, and the transfer of the land and well site on which the well is located is presumed to transfer ownership of the well. The ownership of an Operating Permit may be transferred separately from the ownership of a well or the underlying land, subject to the Authority's rules and the permit's conditions.

Upon transfer of ownership of any well(s), written notice must be given to the Authority by the transferor or transferee as soon as practicable, but not longer than forty-five (45) days, and an application for an amendment to the well registration or permit, as applicable, must be submitted. This application is necessary to transfer information in the Authority's records related to ownership of a well, whether or not a permit from the Authority is required or has been issued for the well, and any well registration and/or permit associated with the well.

#### **New Owner (transferee) Information (if different from Current Well Owner on page 1)**

Date of transfer: \_\_\_\_\_

Company Name (if entity): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

*\*Please include street number, street name, city, state, and zip)*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Permitted Wells**

**Complete this section only if the well is subject to a permit issued by the Authority.**

Well Permit # \_\_\_\_\_

Current meter reading: \_\_\_\_\_ Date read: \_\_\_\_\_

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Is there more than one well located on the property that was transferred from the transferor to the transferee? (Yes or No): \_\_\_\_\_ If **“Yes,” please identify each additional well below.**

Date of Transfer: \_\_\_\_\_ Well Registration #: \_\_\_\_\_

Current Meter Reading: \_\_\_\_\_ Date of Meter Reading: \_\_\_\_\_

Primary Use: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Well Registration #: \_\_\_\_\_

Current Meter Reading: \_\_\_\_\_ Date of Meter Reading: \_\_\_\_\_

Primary Use: \_\_\_\_\_

\*Attach additional pages as needed

**IV. CERTIFICATION**

I hereby certify that the information provided herein is true and accurate to the best of my knowledge and belief. I further certify that all water produced from the well that is the subject of this application for amendment will at all times be put to beneficial use.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**BWA TO COMPLETE THIS SECTION**

Application Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Board action required?  Yes  No  
 Approved  Denied