

WATER USE PERMIT

Letter Modification Request Form



Northwest Florida Water Management District 152 Water Management Drive, Havana, FL 32333-4712 (850) 539-5999 Fax (850) 539-2693

www.nwfwater.com

The information in this form for a letter modification of an unexpired permit is required pursuant to Chapter 373, Florida Statutes (F.S.), and Chapter 40A-2, Regulation of Water Use, Florida Administrative Code (F.A.C.). Please refer to section 40A-2.331, F.A.C. regarding the types of permit modifications that may be authorized through a letter request.

SECTION I – REQUESTED MODIFICATION		
PERMITTEE NAME:	COUNTY:	
Indicate the nature of the permit modification and ADMINISTRATIVE MODIFICATION	nd complete the applicable, required subsections. TECHNICAL / OPERATIONAL MODIFICATION	
This is a request to modify the Water Use Permi	nit (WUP): List Water Use Permit Number	
Describe the requested change (attach additional sheets, if necessary):		
SECTION II – DETAILS OF REQUESTED MODIFICATION		
☐ SECTION A: ADMINISTRATIVE MODIFICA	ATION NOT APPLICABLE	
Change in Specific Conditions. List Spe	ecific Condition No(s).	
☐ Change to the legally controlled property boundaries (acres owned or leased or partial change of ownership (e.g., lease, deed, etc.).		
Permitted Acres:	Revised Acres:	
Please complete Section B (below) if there is a change in the irrigated acreage.		
List parcels.:		
	s form. If the controlling entity or ownership of the property has permit transfer request to the District on Form 163.)	
☐ Change the designated water use classification of an individual withdrawal facility. (per section 40A-2.331, F.A.C., the requested water use classification must be currently authorized on the permit)		
Current status of Facility: Existing	☐ Proposed	
Permitted Facility Name:		
Permitted Water Use:	Requested Water Use (e.g. Agriculture):	
☐ Other administrative change: Attach a de	escription.	

	ECTION B: TECHNICAL/OPERATIONAL MODIFICATION	■ NOT APPLICABLE
	Request to Modify Authorized Withdrawal Amounts: (Letter modification requests cannot increase the authorized withdrawal by more that total permitted quantity, or cause the total permitted withdrawal or diversion to exceed the water body)	
	Attach the following information describing the current authormodifications: (1) Average Annual Daily Withdrawal (gallons) Withdrawal (gallons); (3) Irrigated Acres; (4) Withdrawal sour classification(s).	per day); (2) Maximum Monthly
	Request to Modify Withdrawal Facility: (Well replacements must be constructed within the same aquifer unit, be located wit least 1,000 feet from wetlands, lakes, springs, and have a pumping capacity less that	
	Attach the following information describing the proposed mode withdrawal facilities: (1) Permitted facility name and status (expectation wells, provide the Florida Unique ID (FLUID); (3) The facility information requested in Section IV, Sources of Water Application, District Form 160; and (4) The latitude, longitude facility location(s).	xisting or proposed); (2) For e authorized and proposed r, of the Water Use Permit
□ s	ECTION C: CONSERVATION PLANS AND INCENTIVES	□ Not Applicable
	Request to modify water conservation plan (attach revised plant Request to extend permit duration based on realized water sawater conservation plan. Length of extension requested:	avings resulting from a goal-based
	For permit extension requests, attach updated population and water basis through the requested permit duration and provide document through the implementation of the District-approved goal-based water	ation of the water savings achieved
	SECTION III – ATTACHMENTS AND SIGNAT	URES
	Proof of property control (deed, lease, etc.) if legally controlled prop Items required in Section C, if applicable.	perty boundaries have been modified.
reques that, ir	y that this requested modification complies with the provisions of section at does not comply with these provisions, I am aware that this application the event of denial for non-compliance, my first recourse will be to submark 40A-2.331, F.A.C.	is subject to denial by the District and
Signa	ture of Permittee or Authorized Agent	Print Name
Addre	SS	
City/S	tate/Zip () Telephone	Date
Signa	cure of Property Owner	Print Name
Date		