APPLY FOR MODIFICATION OF AQUIFER STORAGE AND RECOVERY (ASR) LIMITED LICENSE

Applicant: _________________________________________________________________
Mailing Address: ___________________________________________________________
Phone and Email: ___________________________________________________________

Authorized Agent:_____________________________________________________________
Mailing Address: ___________________________________________________________
Phone and email: ___________________________________________________________

Per OAR 690-350-020(5)(f), an ASR LL may be modified upon written request from the licensee. Please consult the current ASR LL and provide as attachments the following:
  o Request for minor adjustments to the ASR LL authorization
  o ASR LL Modification Fee. Consult current fee schedule at: http://www.oregon.gov/owrd/pages/pubs/forms.aspx#fees
  o Submit one hard copy in person or by mail to: Oregon Water Resources Department, 725 Summer St NE, Suite A, Salem, OR 97301
  o Submit a digital copy to: Jennifer.L.Woody@oregon.gov
  o Questions? Contact Jen Woody, OWRD Hydrogeologist, at 503-986-0855

Signature of Applicant__________________________ Date _____________
Title_________________________________________