



FORM E

OSAGE NATION MODIFICATION APPLICATION

Osage Nation Department of Natural Resources
100 W. Main, Suite 304
Pawhuska, OK 74056

OFFICE USE ONLY

Orig. Permit No. _____
Type of Permit _____

DATE _____

1. WATER RIGHT HOLDER INFORMATION

Name _____

Contact Name (if applicable) _____

Address _____ Zip _____

Phone (____) _____ Email _____

2. WATER WELL INFORMATION

Well ID Number _____ Source of Water _____

Purpose or Use _____ Well Location _____

3. NOTICE OF INTENT TO

Plug Cap Deepen Repair/modify well

4. DETAIL OF WORK *(Please specify detailed list of work being requested)*

5. SIGNATURES

Upon my oath or affirmation, I swear or affirm (1) that all information submitted to the Osage Nation Department of Natural Resources in connection with this application is true and accurate to the best of my knowledge; and (2) that I or the person or entity I represent will comply with all applicable laws and regulations of the Osage Nation or its agencies or departments, and any lawful conditions imposed by the Osage Nation DNR Department, which apply or pertain to the use of groundwater.

SIGNATURE OF WATER RIGHT HOLDER

PRINT NAME

TITLE (IF APPLICABLE)

PERMIT NUMBER

NOTARY

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before

me this _____ day of _____, 20__.

Notary Public

My commission expires: _____

(SEAL)