ASR Limited License No. \_\_\_\_\_



## APPLICATION FOR RENEWAL OF AQUIFER STORAGE AND RECOVERY (ASR) LIMITED LICENSE

Applicant:  Mailing Address: Phone and Email:  Authorized Agent:	
Phone and Email:	
Authorized Agents	
Authorized Agent:	
DL 1 1.	
Phone and email:	
D O.A.D. (00, 250, 020/5)(-), A.C.D. I. I h	• <b>c</b>
Per OAR 690-350-020(5)(c), an ASR LL may be renewed upon request from the licen	see II
the applicant demonstrates to the Department's satisfaction that further testing is	
necessary and that the licensee complied with the terms of the current ASR LL. The	
applicant may also request modifications to an ASR LL at the time of renewal. Please	)
consult the current ASR LL and provide as attachments the following:	
<ul> <li>Explanation of why further testing is necessary</li> </ul>	
<ul> <li>Summary of compliance with ASR LL</li> </ul>	
<ul> <li>Request for changes, as needed</li> </ul>	
<ul> <li>ASR LL Renewal Fee. Consult current fee schedule at:</li> </ul>	
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	
<ul> <li>Submit a digital copy to: Jennifer.L.Woody@oregon.gov</li> </ul>	
<ul> <li>Questions? Contact Jen Woody, OWRD Hydrogeologist, at 503-986-0855</li> </ul>	
Signature of Applicant Date	
Title	