



P.O. Box 3128 | 205 S. Caddo Street | Cleburne, TX 76033 | Ph: 817-556-2299 | Fax: 817-556-2305 | [www.prairielandsgcd.org](http://www.prairielandsgcd.org)

## TRANSFER of OWNERSHIP- Well Registration

**Instructions:** This application is used to transfer ownership of a registered well. Complete one form for each well to be transferred. Please print or type. By signing this application, the new owner agrees to all requirements under District Rule 3.14. Additional information or explanations may be attached. This form must be submitted to PGCD within 90 days after the date of transfer of ownership.

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

**Current Meter Reading:** \_\_\_\_\_ **Date Read:** \_\_\_\_\_

**SECTION 1 – Current Owner (transferor) Information** **Exempt/Non-Exempt:** \_\_\_\_\_

**Current Owner (transferor):** \_\_\_\_\_

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

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

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Authorized Representative:**

_____	_____	_____
Print Name	Signature	Date

**SECTION 2 – New Owner (transferee) Information**

**New Owner (transferee):** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

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

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

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Authorized Representative:**

_____	_____	_____
Print Name	Signature	Date

**District to Complete**

QB Received _____		
Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with conditions _____ <input type="checkbox"/> Denied
General Manager	_____	Date _____