



<u>District Use Only:</u>
Well ID No.: _____
Date Authorized: _____

208 Kimberly Dr | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

Application to Request an Extension of a Well Registration

A \$250 Public Hearing fee must accompany this application.

**Required fields. An application will not be deemed complete unless all required fields are completed.*

Part I – Well Owner and Driller Information

*Well Owner: _____

*Well Driller: _____

*Request Made by: Well Owner Well Driller

Part II – Property Information

*Physical address of property where well is proposed to be located: _____

*City: _____ *Zip code: _____ *County: _____

If the specific parcel that the well is proposed to be located on cannot be readily identified by the physical address provided above, please provide additional information such as the lot, block, and subdivision name or the legal description:

Part III – Reason for Request

**Please provide a short, plain statement explaining why you are seeking to extend the new well application.*

Part IV – Certification

*I hereby certify that the information provided herein and given herewith is true and accurate to the best of my knowledge and belief.

Owner/Driller Signature

Date

Owner/Driller Name