



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

CHANGE of OWNERSHIP-Well Registration and/or Permit for Non-Exempt Well

This application is used to transfer ownership of a registration and/or permit associated with a water well that is **not** exempt under Section 2.1, 2.2, or 2.3 of the Prairielands Groundwater Conservation District (“PGCD”) District Rules for Water Wells (“Rules”) from certain regulatory requirements related to water use fee payments, metering, groundwater production reporting, and in some instances the requirement to obtain a permit. This application is necessary to transfer information in the District’s records related to ownership of a non-exempt well, whether or not a permit from PGCD is required or has been issued for the well, and any well registration and/or permit associated with the well.

Instructions: Please print or type. By signing this application, the new owner (transferee) agrees to comply with the requirements of the District Rules. Additional information or explanations may be attached. This form must be submitted to PGCD within ninety (90) days after the date of transfer of ownership. An administrative fee must accompany this application; refer to <https://www.prairielandsgcd.org/well-registration/district-fees/>

SECTION 1 – Well Information

Is there more than one well located on the property that was transferred from the transferor to the transferee? (Yes or No): ____ **If “No”, please complete SECTION 1 – Well Information only. If “Yes,” please also complete SECTION 4 – Additional Well Information for each additional well transferred.**

Date of Transfer: _____ **Well ID #:** _____ **Well Permit #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

Primary Use: _____

Is the transferee now the owner of all of the real property that is contiguous to the well and that was previously owned by the transferor? (Yes or No): ____ **If “No,” please attach additional pages describing the real property and the amount of the acreage now owned by transferee that is contiguous to the well, as well as the real property and the amount of the original acreage recognized in the registration and/or permit that is still owned by the transferor or has been transferred to a third party (if applicable, also provide contact information for third party). You may also attach a deed or other real estate conveyance document that provides information related to the property that was transferred.**

SECTION 2 – Current Owner (transferor) Information

Current Owner Name (transferor): _____

Contact: _____ **Title:** _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____ **Fax:** _____

I hereby certify that the information I have provided herein is true and accurate to the best of my knowledge and belief. I understand that any permits and/or registrations, including pending applications, associated with the transferor for the wells on the property included in this application will be transferred by the District to the transferee if this application is approved.

Signature of Authorized Representative

Print Name

Date

SECTION 3 – New Owner (transferee) Information

New Owner Name (transferee): _____ **Proposed Use:** _____

Contact: _____ **Title:** _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____ **Fax:** _____

Email address: _____

I hereby certify that the information I have provided herein is true and accurate to the best of my knowledge and belief. I understand that any permits and/or registrations, including pending applications, associated with the transferor for the wells on the property included in this application will be transferred by the District to the transferee if this application is approved.

Signature of Authorized Representative

Print Name

Date

Date Paid: _____	Amount: _____	Check #: _____	QB Received: _____
Payment Made By: _____			
Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Denied
General Manager: _____		Date: _____	

SECTION 4 – Additional Well Information*

Date of Transfer: _____ **Well Registration #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

Primary Use: _____

Date of Transfer: _____ **Well Registration #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

Primary Use: _____

Date of Transfer: _____ **Well Registration #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

Primary Use: _____

Date of Transfer: _____ **Well Registration #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

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Primary Use: _____

Date of Transfer: _____ **Well Registration #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

Primary Use: _____

Date of Transfer: _____ **Well Registration #:** _____

Current Meter Reading: _____ **Date of Meter Reading:** _____

Primary Use: _____

***Attach additional pages as needed**

Date Paid: _____	Amount: _____	Check #: _____	QB Received: _____
Payment Made By: _____			
Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Denied
General Manager: _____	Date: _____		