



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

Use this form to request by the Board upon application by the registrant, and in no case shall the Board grant more than two additional extensions, with each such extension being limited to no more than one hundred eighty (180) days per Rule 3.2(m) of the District Rules. An administrative fee must accompany this application; refer to <https://www.prairielandsgcd.org/well-registration/district-fees/>.

Application Date: _____

Part I – Well Information

Well Owner: _____

Well ID: PGCD-_____ Date originally approved: _____

Purpose of use: _____

Extension #2 expiration date: _____

Part II – Extension Requiring Board Approval

Extension #: _____ Number of days requested: _____ Final expiration date: _____

Request made by: () Well Owner () Well Driller

Driller Name: _____

Part III – Property Information

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

City: _____ Zip: _____ 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, legal description, or Parcel/Property ID:

Part IV – Reason for Request

Please provide a short and concise statement explaining why you are seeking to extend the well registration.

Part V – 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 Print Name

DISTRICT TO COMPLETE THIS SECTION

() Application Fee Received Date: _____ Check/TID #: _____

Date of Board Meeting: _____ () Approved () Denied

Reason for denial: _____
