



208 Kimberly Dr | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | [www.prairielandsgcd.org](http://www.prairielandsgcd.org)

## CHANGE OF OWNERSHIP- Exempt Well Registration

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 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/>

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

**SECTION 1 – Current Owner (transferor) Information** **Exempt Use:** \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
**Signature of Authorized Representative**      **Print Name**      **Date**

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

**New Owner Name (transferee):** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
**Signature of Authorized Representative**      **Print Name**      **Date**

Date Paid: _____	Amount: _____	Check/TID #: _____
Payment Made By: _____		
Status: <input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Denied
Approved by: _____	Date: _____	