



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

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#### **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 #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Admin Complete: \_\_\_\_\_

Board Meeting Date: \_\_\_\_\_ (    ) Approved    (    ) Denied

General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_