

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

## CHANGE OF OWNERSHIP Non-Exempt Well Registration and/or Permit

This application is used to transfer ownership of a well 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.

<u>Instructions:</u> 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 change of ownership. An administrative fee must accompany this application; refer to <a href="https://www.prairielandsgcd.org/well-registration/district-fees/">https://www.prairielandsgcd.org/well-registration/district-fees/</a>.

## **SECTION 1 – Permit Information** Permit Name: Purpose of Use: **HUP Annual Permitted Amount:** HUP #: OP Annual Permitted Amount: OP #: Compliance Order Amount: CO #: Total allocation to be transferred: **SECTION 2 – Well Information** Is there more than one well located on the property that was transferred from the transferor to the transferee? (Yes or No\_\_\_\_\_): # of wells: \_\_\_\_\_\_. If more than one, please also complete SECTION 5 – Additional Well Information for each additional well transferred. Date of Transfer:\_\_\_\_\_ Well ID#: Date of Meter Reading: Current Meter Reading:

**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).

Is the transferee now the owner of all of the real property that is contiguous to the well and that was previously

A copy of the deed or other real estate conveyance document that provides information related to the property that was transferred is attached.

## **SECTION 3 – Current Owner (Transferor) Information**

Current Owner Name (Transferor):	
Contact:	Title:
Mailing Address:	
City, State and Zip Code:	
Telephone Number:	Fax:
belief. I understand that any permits	have provided herein is true and accurate to the best of my knowledge and and/or registrations, including pending applications, associated with the included in this application will be transferred by the District to the transferred
Signature	
Print Name	Date
SECTION 4 – New Owner (Trans	sferee) Information
New Owner Name (Transferee):	
Proposed Use* (ONLY if different th	nan as stated above):
Contact:	Title:
Mailing Address:	
City, State and Zip Code:	
Telephone Number:	Fax:
Email address:	

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## SECTION 4 – New Owner (Transferee) Information (continued)

\*Important: Should the transferee's proposed use deviate from or be inconsistent with the intended use specified in Sections 1 of this document and as approved in the permit and/or well registration(s) being transferred, any allocation granted under the Historic Use Permit shall not be transferable. Furthermore, the transferee expressly waives any right to utilize the allocation under the Historic Use Permit. In the event of a change in the purpose of use, the transferee acknowledges that the allocation under an Operating Permit is determined by the total contiguous acreage, which may differ from the allocation granted under the Historic Use Permit being transferred. In such case, transferee reserves the right to submit an application to the Board for approval of groundwater under an Operating Permit.

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. I understand that the authorization to produce groundwater under the permit(s) as indicated above, if this request is approved, and that I will only be authorized to produce water under the permit(s) as specifically set forth in this transfer. I further understand that I am required to submit water production reports and meter readings for all groundwater I produce under my own permit(s) and under this transfer authorization, if approved.

ature of Author	rized Representative		
Name		Date	
Date Paid:	Amount:	Check #:	QB Received:
Payment Made	Ву:		
Status:	( ) Approved	( ) Approved with Conditions*	( ) Denied*
Reason:			
			Date:
General Manag	ger:		Date:

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Date of Transfer:	Well ID #:
Current Meter Reading:	Date of Meter Reading:
Date of Transfer:	Well ID #:
Current Meter Reading:	Date of Meter Reading:
Date of Transfer:	Well ID #:
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<sup>\*</sup>Attach additional pages as needed