

RED RIVER

GROUNDWATER CONSERVATION DISTRICT

RED RIVER GROUNDWATER CONSERVATION DISTRICT

P.O. Box 1214, Sherman, TX 75091
5100 Airport Drive, Denison, TX 75020
Office: (800) 256-0935 | Fax: (903) 786-8211
rrgcd@redrivergcd.org | www.redrivergcd.org

TRANSFER OF WELL OWNERSHIP

Please complete one application for each well

Previous Well Owner

Name: _____ Phone: _____
Account #: _____ Registration #: _____

New Well Owner

Name: _____ Email: _____
Phone: _____ Fax: _____
Designated Contact: _____ E-mail: _____
Phone: _____ Alt. Phone: _____
Mailing Address: _____
Address City State Zip code

Well Information

Latitude: _____ Longitude: _____
Well Address: _____
Address City State Zip code
Date of Transfer: _____ Meter Reading at Date of Transfer (If applicable): _____

Primary use of the well:

- | | |
|--|---|
| <input type="checkbox"/> Municipal/Public Water System | <input type="checkbox"/> Domestic (household/lawn at residence) |
| <input type="checkbox"/> Industrial/Manufacturing | <input type="checkbox"/> Livestock/Poultry |
| <input type="checkbox"/> Commercial/Small Business | <input type="checkbox"/> Agriculture/Irrigation |
| <input type="checkbox"/> Oil/Gas | <input type="checkbox"/> Other Irrigation |
| <input type="checkbox"/> Filling Pond(s)/Other Impoundment | <input type="checkbox"/> Other |

If other, explain: _____

Please submit this application to the District by mail, fax or email:

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If you have any questions, please call (800) 256-0935

CERTIFICATION AND ACKNOWLEDGEMENT:

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief. By my signature below, I acknowledge and agree that I am aware of the existing registration and permit for the above-referenced water well, that the District rules govern my use of the well, and that I am bound by the conditions of the existing registration and permit*. I acknowledge and agree that I have already or am able to obtain a copy of the existing registration and permit* from the District, and that any change to the production capacity, size, amount of use and purpose of use from the well requires prior authorization from the District.*

_____ **Print** New Owner Name

_____ New Owner Signature

_____ Date

**Permits required for non-exempt wells only.*

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