



**PRAIRIELANDS GROUNDWATER
CONSERVATION DISTRICT**

ELLIS HILL JOHNSON SOMERVELL

P.O. Box 3128 | 205 S. Caddo Street | Cleburne, TX 76033 | Ph: 817-556-2299 | Fax: 817-556-2305

TRANSFER of OWNERSHIP

Instructions: Complete one form for each transfer of registration. Please print or type. This application is used to transfer ownership of a registered well. Additional information or explanations may be attached. This form must be submitted to PGCD within 90 days after the date of transfer of ownership.

Date of Transfer: _____ **Current Use of Well:** _____

SECTION 1 – Current Registrant Information

Well Registration #: _____

Current Registrant: _____

Contact: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____ **Fax:** _____

SECTION 2 – New Registrant Information

New Registrant: _____ **Proposed Use of Well:** _____

Contact: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____ **Fax:** _____

Email address: _____

Authorized Representative:

Print Name

Signature

Date

Signed and sworn before me this _____ day of _____, 20_____.

(seal)

Signature