



Central Texas Groundwater Conservation District

P.O. Box 870 • 225 South Pierce, Suite 104 • Burnet, Texas 78611
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Email: district@centraltexasgcd.org Website: www.centraltexasgcd.org

District to Complete

Grid _____

Registration No. _____

Operating Permit No. _____

TDLR Tracking No. _____

Date Received: _____

Transfer of Well Ownership

CTGCD Well Registration Number(s): _____

Well Site Address: _____

New Well Owner: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Contact person if different than above: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Previous Well Owner: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

New Owner's Sworn Statement

By signing this Application I affirm that I have the legal right to produce groundwater from described location(s). I hereby swear or affirm that the information given herein is true and accurate to the best of my knowledge and belief and will comply with the Central Texas Groundwater Conservation District Rules, its Management Plan and the Administrative Rules of the Texas Department of Licensing and Regulation (TDLR) 16, Texas Administrative Code, Chapter 76 well plugging guidelines. I swear or affirm that water produced/withdrawn from this well will be put to beneficial use at all times. I further swear or affirm that if any change is made to the well, the pump or use of the water that would change the classification of this permit I will notify the District prior to any change

New Owner's Signature

Date

Printed Name: _____