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Change of Well Owner Information

District to Complete		
Grid		
Registration No.		
Operating Permit No.		
TDLR Tracking No.		
Date Received:		

Name:		
Mailing address:		
City:		
Phone:	_ Fax:	
E-mail:		
Physical Well Location:		
City:		
Contact person if different than above:		
Name:		
Mailing address:		
City:		
Phone:	_ Fax:	
E-mail:		

