



# NECHES & TRINITY VALLEYS GROUNDWATER CONSERVATION DISTRICT

P.O. Box 1387 Jacksonville, TX 75766 • 501 Devereaux, Suite 201 Jacksonville, TX 75766

Phone: (903) 541-4845 • Fax: (903) 541-4869 • Email: office@ntvgcd.org

## Well Ownership Transfer

**Please print or type**

Fill out as much information as you can, or that applies. *Complete one application for each well.*

**A. Transferred from:** \_\_\_\_\_ Telephone: ( \_\_\_\_\_ )

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Transferred To:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ )

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Physical location of well. Include 911 address if known. Attach a location map (or draw map on back) showing the Property location, and boundaries with the well location indicated.**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_

County: \_\_\_\_\_ Acreage: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Abstract: \_\_\_\_\_ Block: \_\_\_\_\_ Tract / Lot: \_\_\_\_\_

**D. Well Information:** *(Complete as much as you can. Attach Well Driller's Report if available)* **Tracking No.** \_\_\_\_\_

Driller's Name: \_\_\_\_\_ Date Drilled: \_\_\_\_\_

Depth of Well: \_\_\_\_\_ Size of Well pump: \_\_\_\_\_ H.P.

Estimated pumping capacity in gallons-per-minute: \_\_\_\_\_ GPM

**Estimated distance from:** Closest Property Line: \_\_\_\_\_ Feet

Closest Existing Well: \_\_\_\_\_ Feet

Septic System: \_\_\_\_\_ Feet

**E. Use of Well:** *(Please check all that apply and calculate the annual amount of water you are planning on using)*

Solely one single-family home (includes use for lawn or garden irrigation)

Agriculture - *Please Specify* \_\_\_\_\_

Hydrocarbon Exploration \_\_\_\_\_

Other - *Please Specify* \_\_\_\_\_

**Annual Amount of Water:** \_\_\_\_\_

Texas Water Code 36.123 (a) (b) allows employees or agents of the District to enter public or private Property within the boundaries of the District to confirm reported distances, perform tests, and inspect the well or well location.

**F. Draw a map showing the property location, and boundaries with the well location indicated.**

**G. Certifications:**

I hereby certify that this well shall be equipped and maintained so as to conform to the District's Rules requiring installation of casing, pipe, and fittings to prevent the escape of groundwater from a groundwater reservoir to any reservoir not containing groundwater and to prevent the pollution or harmful alteration of the character of the water in any groundwater reservoir.

I certify that I shall use every possible precaution in accordance with most approved methods, to stop and prevent waste of groundwater. **(Rule 2 {b})**

I certify that if this well would ever fail or become inactive I shall comply with District Rules and Administrative rules of the Texas Department of Licensing and Regulation (TDLR) 16, Administrative Code, Chapter 76 well plugging guidelines and report closure to the District.

I certify that I am aware that if the use for this well changes or pumping capacity becomes in excess of 25,000 gallons per day so that it is no longer exempt, it is a major violation of District Rules and a new application for a Non-Exempt Operating Permit must be submitted to the District.

I hereby certify that the information given herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

***If the Registrant is other than the owner of the property, documentation (such as a lease or Power-of-Attorney) establishing the authority to register and operate an Exempt Well for the proposed use must be included.***

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