

PANOLA COUNTY GROUNDWATER CONSERVATION DISTRICT

Transfer of Ownership Application



PLEASE TAKE NOTE: If the land owner wishes to keep the rig water supply well for a beneficial use, the following actions must take place before the transfer of the well can be completed:

- 1.) The pump must be removed from the well casing;
- 2.) The District must be notified in writing with a Transfer of Registered Well Request Form that the land owner desires to take control of the water well;
- 3.) The District will inspect the well for structural damage to the casing or screen and any indications of commingling of aquifers or zones;
- 4.) A fee of \$200.00 at the time of the inspection is required.

If the well does not pass inspection, the District will not approve the transfer and will require that the water well be plugged at that time.

1. Applicant and Transfer Information:

The Applicant for this Transfer is the CURRENT well: (please check all that apply)

Owner Operator Property Owner

Name of Current Registered Well Owner: _____

Mailing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Phone: _____ Alternate Phone: _____ Fax number: _____

Email: _____

Name of Property Owner Assuming Ownership: _____

Mailing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Phone: _____ Alternate Phone: _____ Fax number: _____

Email: _____

2. Location:

Please give an address and physical location of the well (i.e. 25 feet west of house)

3. Legal Description:

_____ survey name

_____ abstract number

_____ latitude

_____ longitude

4. Well Information:

Number of acres in the tract in which this well is located: _____
Quantity of water to be produced by this well annually (please specify in acre-feet or gallons): _____
Nature and purpose for which water produced from well will be used:

If multiple purposes of use, please indicate the amount of water that is used for each purpose:

Location of use of the water produced from the well: _____
Estimated rate at which water will be withdrawn from well: _____
Maximum pumping capacity of the well (in gallons per minute): _____
Method of withdrawal from well/type of pump:
 Turbine Submersible Windmill Other (please specify _____)
Size of well pump: _____
Size of well (inside diameter of the column pipe and diameter of the well casing): _____
Depth of well: _____
Will the groundwater withdrawn from the well be resold, leased, or otherwise transferred to others? Y/N ____
If YES, please provide the location to which the groundwater will be delivered:

Purpose of use: _____

5. Required Documentation/Attachments to this Application and Possible Fees:

The following documentation, attachments, must accompany this application in order for the application to be considered administratively complete:

- A. Written notification from current well owner for a request to transfer ownership.
- B. Original State Well Report.
- C. Well Inspection Fee.
- D. If available, a legal description, such as survey information, maps, and/or metes and bounds descriptions, of the tract of land on which the well or well system is located;
- E. If water is to be sold, leased, or transferred to others, whether inside or outside the District, attach legal documents establishing the right for the water to be sold, leased, or transferred, including but not limited to any contract for the sale, lease, or transfer of water;
- F. If water is to be transferred outside the boundaries of the District (Panola County), please provide explanation and documentation relevant to the following: (1) availability of water in the District and in the proposed receiving area during the period for which the water supply is requested; (2) projected effect of the proposed transport on aquifer conditions, depletion, subsidence, or effects on existing permit holders or other groundwater users within the District; and (3) how the proposed transport is consistent with the approved regional water plan and certified district management plan;
- G. If necessary, an Application for Operating Permit and any permit fees that may be required.

6. Certification of Requestor:

I hereby swear or certify that the information in this transfer request is true and accurate to the best of my knowledge and belief.

Signature of Current Owner or Agent

Date

Printed Name

Title

For PCGCD Office Use ONLY:			
Date Received: _____	Date Inspected: _____		
Inspected By: _____	DVD number: _____		
Does the inspection match the casing, blank pipe and screen data as provided on the State of Texas Well Report? Y N			
State of Texas Well Report tracking number: _____			
Comments/Notes: _____			

Transfer (date) _____	By: _____	Request _____	Approved
Transfer (date) _____	By: _____	Request _____	Denied

Signature of Property Owner Assuming Ownership

Date

Printed Name

Title

Please return this complete form to:
PCGCD
419 W. Sabine St.
Carthage, TX 75633
Email: district@pcgcd.org Website: www.pcgcd.org