

**TRANSFER OF WELL OWNERSHIP
COLORADO COUNTY GROUNDWATER CONSERVATION DISTRICT**

CCGCD Well Registration Number (if known): _____

Well location address: _____

New Owner: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Email Address: _____

Previous Owner: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Email Address: _____

New Owner's Sworn Statement

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 CCGCD, its Management Plan, the Administrative Rules of the TDLR, 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 I swear or affirm that water produced/withdrawn from this well will be put to beneficial use at all times.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 I will notify the District prior to any change to a well, the pump, or use of the water that would change the classification of a permit.

Signature of New Owner

Date

You may fax completed form to 979 732 9301 or email to kim@ccgccd.net

910 Milam Street, Columbus, Texas 78934