

**TRANSFER OF WELL OWNERSHIP (NON-PERMITTED WELL)
 COLORADO COUNTY GROUNDWATER CONSERVATION DISTRICT
 (Fax to 979-732-9301 or scan to kim@ccgcd.net)**

CCGCD Well Registration Number (if known): _____

Well location physical 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 I swear or affirm that water produced/withdrawn from this well will be put to beneficial use at all times.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

OFFICE USE ONLY		
Permit/Grid No.	State Well No.	Registration No.