

Lone Star Groundwater Conservation District 655 Conroe Park North Dr. Conroe, Texas 77303 Phone: (936) 494-3436 Metro: (936) 441-3437 Fax: (936) 494-3438 Email: info@lonestargcd.org Web Site: www.lonestargcd.org

TRANSFER OF WELL OWNERSHIP

Instructions: Complete one form for <u>each</u> permit. Please print or type. This application is used to request a change in ownership of the land a well or well system is located on or to request a change in ownership of a well or well system. By signing this application, the new owner takes the underlying water well permit subject to the same permit terms and conditions, rights, restrictions, and obligations as the current owner, including all requirements of the District Rules. **Submit this form with documents evidencing and supporting change along with an application** fee of \$150.00 to the above address. Additional information or explanations may be attached.

-This form may be faxed or mailed-

SECTION 1 – CURRENT PERMIT INFORMATION

Current Permit Name:								
Current Permit Name:								
LSGCD Well Registration #s for asso								
Current Permit Type of Use:								
Industrial] Commercial						
Public Supply (PWS)		Public Supply						
Irrigation (Agricultural)		Irrigation (Commercial landscaping, e	etc.)					
□ Irrigation (Pond/Lake Rep		Other (explain)						
Contact Name/Representative:								
Mailing Address:								
City, State, Zip Code:								
Telephone No.: ()	Fax: ())						
Email Address:								
Authorized Representative:								
Print Name	Signature	Date						
	Signature	Date						

SECTION 2 – NEW PERMIT INFORMATION:

Date of T	ransfer:			
Current N	Meter Reading:		<u> </u>	Date of Reading:
Will Pern	nit's Type of Use Change:		Yes	□ No
	ase select new type of use <u>an</u> ch requires board approval:		an Appli	ication to Amend – Change Water Use Type
	Industrial			Commercial
	Public Supply (PWS)			Public Supply
	Irrigation (Agricultural)			Irrigation (Commercial landscaping, etc.)
	Irrigation (Pond/Lake Repl	lenishment)		Other (explain)
Contact N	ame/Representative:			
Mailing A	Address:			
City, Stat	e, Zip Code:			
Telephon	e No.: ()			Fax ()
E-mail Ac	ldress:			
Authorize	ed Representative:			
Print Na	me	Signature		Date

PLEASE ATTACH DOCUMENTS EVIDENCING AND SUPPORTING CHANGES. ONCE APPROVED, AMEND THE WELL REGISTRATION IN ACCORDANCE WITH RULE 3.2 OR FILE AN APPLICATION TO AMEND A PERMIT IN ACCORDANCE WITH RULE 2.12. WHICH SHALL BE TREATED AS A MINOR AMENDMENT.

District to Complete	QB Received	Permit No	
Status:	□ Approved with conditions		Denied
General Manager		Date	