

POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT
Application To Transfer Ownership of a Exempt Well

POSGCD Exempt Well Certificate Number
Date of Transfer _____
Date of Application _____

Please return this completed form to:
POSGCD
P. O. Box 92, (310 East Ave. C) Milano, TX 76556
Phone (512)455-9900 Fax (512)455-9909
email: posgcd@tconline.net Website: www.posgcd.org

This form should be used to transfer ownership of an Exempt Well which has been registered with the District. Please type or print legibly. Incomplete or illegible applications will be returned to applicant.

SECTION I- PURPOSE FOR APPLICATION

___ Sale of Property including rights to exempt well
___ Other (Please briefly explain) _____

SECTION II – PREVIOUS PROPERTY OR WELL OWNER (SELLER)

NAME (First, Middle Initial, Last) Phone Number _____
Street (or PO Box) _____
City _____ State _____ Zip _____

Have the water rights for this property been leased, sold, or transferred to another party? Yes ___ No ___
***This item must be answered for this application to be complete, and if answering yes, permission from that party to use this well must be included as an attachment.

SECTION III – NEW PROPERTY OR WELL OWNER (BUYER)

NAME (First, Middle Initial, Last) Phone Number _____
Street (or PO Box) _____
City _____ State _____ Zip _____

SECTION IV – EXEMPTION

Request for Exemption Under Post Oak Savannah Groundwater Conservation District Rule 7.10: Yes ___ No ___

TYPE OF EXEMPTION CLAIMED:

___ A well used solely for domestic needs and that is incapable of producing more than 25,000 gallons per day
___ A well used for water for feeding livestock or poultry that is drilled or equipped that is incapable of producing more than 25,000 gallons of groundwater per day.
___ Other (Please list Rule Cited & Explanation) _____

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SECTION VII – ATTACHMENTS (please list all items attached to this permit)
******Please attach legal description of the property where this well is to be drilled**

SECTION VIII – AFFIRMATION AND EXECUTION

I certify that all statements and information in this application are true and correct. I also declare that all groundwater withdrawn from this well will be put to beneficial use at all times, and that I will abide by the Management Plan and Rules of the Post Oak Savannah Groundwater Conservation District .

Signature of Applicant

THE STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me on (date)_____

By (applicant)_____.

(NOTARY SEAL)

Notary Signature

Can be notarized in the presence of any Notary of your choice. We have a Notary at the POSGCD Office.
