

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

Return this completed form to: POSGCD, PO Box 92 (310 East Ave. C), Milano, TX 76556
Phone: (512) 455-9900 **Fax:** (512) 455-9909 **Email:** admin@posgcd.org

Application Date: _____ Permit/Registration Number(s): _____
Please type or print legibly. Incomplete or illegible applications will be returned to applicant.

SECTION I – PREVIOUS PROPERTY OR WELL OWNER (GRANTOR)

_____ 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 II – NEW PROPERTY OR WELL OWNER (GRANTEE)

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

SECTION III – ATTACHMENTS (please list all items attached to this permit)

******Must attach legal description and/or Property Deed which indicates transfer of ownership**

SECTION IV – 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 I also declare that all groundwater withdrawn from this well will be put to beneficial use at all times, and that I will abide by the Management Plan and Rules of the Post Oak Savannah Groundwater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