

**NORTHERN TRINITY GROUNDWATER
CONSERVATION DISTRICT**

1100 Circle Drive, Ste 300
Fort Worth, TX 76119
Fax: (817) 249-2918

District to Complete:

Well Registration No.

Date Received:

By:

Application for Transfer of Well Ownership

Part I (A) - Previous Well Owner (*The Transferor*)

Well Owner: _____ Phone: _____

Contact: _____ E-mail: _____ Fax: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Registrant: (if other than owner) Phone: _____

Date of Change in Ownership: _____

Part I (B) New Well Owner (*The Transferee*)

Well Owner: _____ Phone: _____

Contact: _____ E-mail: _____ Fax: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Registrant: (if other than owner) Phone: _____

If registrant is other than owner of the property where the existing well is located, include documentation establishing the applicable authority to operate the existing well for the proposed use.

Part II - Well Location:

Well Site Address: _____ County: _____

City: State: Zip: _____

Latitude: _____ Longitude: _____

GPS manufacturer and model used to measure latitude and longitude: _____

If Latitude and Longitude is unknown, please state a convenient time for NTGCD staff to access well information.

Best day(s) of the week: _____ Between the hours of: _____ and' _____

Will the groundwater withdrawn from the well be used on a property different than the property

where the well is located? No Yes (If yes, location):

Describe use: _____

Will the groundwater produced be transported out of Tarrant County? No Yes

(If yes, explain):

Part III - Well Information (*if known*):

Size of Well casing : _____ (inside diameter of the pump [discharge] column pipe _____ -./

Estimated depth of well: _____ feet

Maximum designed production capacity of pump: _____ gpm

Method of withdrawal (submersible pump, windmill, etc.): _____

Pump motor size: _____ Estimated depth to first screen: _____ feet

Number of service connections: _____ well will service approximately _____ individuals for _____ days out of the year.

Part IV - Certification:

Applicant agrees that water produced/withdrawn from this well will be put to a beneficial use at all times:

Yes No

Applicant agrees to abide by the Rules of the District: Yes No

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

Print Name Date

Previous Well Owner's Signature

Print Name Date

New Well Owner's Signature