Rusk County Groundwater Conservation District
P.O. Box 97 Henderson, TX 75653
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Transfer of Water Wells used for Oil and Gas Operations

District Rule 9.2.5 Well Closure and Transfer of Water Wells Used for Oil and Gas Operations
A $200.00 fee is due upon the submittal of this form for each well requested

Exempt wells produce under 25,000gpd and Non-Exempt wells produce over 25,000gpd. If this well meets exempt well status a registration will be issued to the well owner. If the well meets non-exempt status an Operating Permit may be issued and must be re-applied for every three (3) years.

Registration Number of Well to be Transferred: _____

Part I. Ownership Transfer Information

Name of Registered Well Owner: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Well to be transferred to:

Name of Property Owner: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Part II. Well Use

Well Use: _____ Domestic _____ Commercial _____ Oil & Gas Exploration
_____ Livestock _____ Public Water Supply _____ Well Fracking
_____ Irrigation _____ Monitor Well _____ Mining Activities
_____ Industrial _____ For Sale
Other _____

a) Estimated Rate Water Will be Withdrawn: _____
b) Maximum pumping Capacity of well (in gallons per minute):_____
c) Quantity of water to be produced by this well annually (in acre-feet or gallons):_____
d) Will the groundwater produced be transported out of Rusk County: ☐ YES ☐ NO
If yes, please explain: ***(TRANSPORT PERMIT & OPERATING PERMIT REQUIRED)***

_____
_____

e) Will the groundwater withdrawn from the well be resold, leased, or otherwise transferred to others? ☐ YES ☐ NO
If yes, please provide the location to which the groundwater will be delivered:

_____
_____

f) State the nature and purpose of beneficial use of the groundwater under the requested permit and provide any evidence if available.

_____

_____

g) Will well be used for more than one household?_____ how many? _____
h) Will the well be connected to an irrigation system? _____ how large an area? _____
i) Will the water from this well be discharged into a pond or impoundment? _____

Part III. Certification

I hereby swear or certify that the information in this application is true and accurate to the best of my knowledge and belief. I confirm the pump has been removed and give permission for RCGCD Personnel to inspect the well with a "down hole" water well camera and Geo-Physical Logging Tools. I have read and understand fully the RCGCD Rule 9.2.5 and have enclosed a non-refundable check for $200.00 for the inspection of the water well on this form. I understand that if, there is indication of commingling of the aquifers or zones, transfer of the water well will not be authorized and the well must be plugged according to TDLR regulations. If the well passes inspection, the well owner will be given an approved registration or an operating permit for the water well. Use of water from the well must comply with all rules and regulations of the TDLR, Chapter 36 of the Texas Water Code, and RCGCD rules.

Print Name (Current Well Owner/Operator)	Signature	Date

Transfer of ownership to the new owner must be a mutual agreement between the two parties and must be verified by the transferor's and transferee's signature. Without the signature of the party whom the well will be transferred to, this application will be incomplete and no inspection will be conducted until signed.

Print Name (Well Owner to be transferred to)	Signature	Date

RCGCD staff will make every effort to inspect this well with thirty (30) days of this request. If non-conforming construction is found, RCGCD will provide the inspection data to TDLR for possible enforcement action. If you have any comments or requests, please indicate:
Comments:

_____

_____

_____

Please complete all required fields in application, if incomplete information is found the application will not be processed.

RCGCD Staff Use Only

Date Received:		Received By:	
Fee Paid:		DVD & Log Number:	
Date Inspected:		Inspected By:	
Does the inspection match the casing blank pipe and screen data provided on the State Well Report? Y/N		State Well Report Number:	
Comments:			
Date Transfer Request Approved:		By:	
Date Transfer Request Denied:		By:	