

MID-EAST TEXAS GROUNDWATER CONSERVATION DISTRICT
101 WEST MAIN, SUITE 115
P. O. BOX 477
MADISONVILLE, TX 77864

936-348-3212
fax 936-348-3512

WATER WELL TRANSFER AFFIDAVIT

Please complete all questions. Please print or type information or place an "x" in the appropriate space.

NOTICE: *By accepting transfer of this well, Transferee assumes complete responsibility for all present and future matters with regard to the well described below, as well as all liability for costs associated with that compliance.*

Well Owner (Transferor) _____ Phone _____

Address _____

Well Buyer (Transferee) _____ Phone _____

Address _____

Surface Land Owner Name & Phone (if different from above) _____

Proposed use(s) of the well after transfer _____

Status of Well: Capped _____ Operating _____ Pump installed (power source) _____

Location: County _____ Nearest 911 Address _____

Date of Registration Application _____ State Well # (Tracking No.) _____

Well Location: Latitude _____ Longitude _____

If well site is not readily visible from a public road at the above 911 address, give written directions to the site or attach a map which will provide adequate directions to the site.

Signature of Transferee _____ Date _____

State of Texas

County of _____

This instrument was acknowledged before me on _____ by _____.

_____ Personally Known

_____ Produced Identification

ID Number and Type of ID _____

Signature of Notary

Name of Notary Typed, Stamped or Printed