Lone Star Groundwater Conservation District

Name Change Form
(Exempt and Non-Exempt)

655 Conroe Park North Dr.
Conroe, Texas 77303
Phone: (936) 494-3436
Email: permitting@lonestargcd.org
Web Site: www.lonestargcd.org

This form is required when the property that houses the well(s) has changed names.
This is not to be confused with a transfer of ownership. If the property has sold to a different person or entity, you must complete the Transfer of Ownership Form.

For Exempt Well name change, complete Well Registration Number and all applicable information. Mark N/A for non-applicable fields.

I. Permit and Well Information

Existing Permit Number: _____ Well Registration Number: _____

Well Location: _____

Current Meter Reading:_____ Date of Reading:_____

Date of Name Change:_____ **(Attach proof of the name change upon submission)**

Well was previously permitted for the following water use type or if exempt, please select other and describe exemption:

- ☐ Public Water Supply (PWS)
- ☐ Public Supply
- ☐ Commercial
- ☐ Industrial
- ☐ Irrigation (Agricultural)
- ☐ Irrigation (Commercial Landscaping, etc.)
- ☐ Irrigation (Pond/Lake Replenishment)
- ☐ Other (explain)_____
- ☐ Unknown

Will the Permit Type of Use change? ☐ Yes ☐ No ☐ Unknown

If you selected "Yes", or "Unknown", you will need to complete and submit an Application to Amend Form along with this Name Change Form, for approval by the Board of Directors. Please select the water use type intended for the well:

- ☐ Public Water Supply (PWS)
- ☐ Public Supply
- ☐ Commercial
- ☐ Industrial
- ☐ Irrigation (Agricultural)
- ☐ Irrigation (Commercial Landscaping, etc.)
- ☐ Irrigation (Pond/Lake Replenishment)
- ☐ Other (explain)_____

II. New Property Owner/Permit Holder Contact Information

Property Owner/Permit Holder Name

Name_____
If Property Owner/Permit Holder Name does not match the existing well registration, contact the District for additionally required form(s).

Email: _____ Phone: _____

_____
Mailing Address *(Suite/Unit # if applicable)* City State Zip

If the Property Owner/Permit Holder is in a company name, include individual contact information below.

Contact Name (if different from above):_____ Title: _____

Email:_____ Phone: _____

_____
Mailing Address (*Suite/Unit # if applicable*) City State Zip

If the Application Contact is different from Property Owner/Permit Holder, include individual contact information below.

Contact Name (if different from above):_____ Title: _____

Email:_____ Phone: _____

_____
Mailing Address (*Suite/Unit # if applicable*) City State Zip

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III. Billing Contact Information

This contact will receive the Water Use Fee invoices. Water Use Fees are billed annually in perpetuity.

Contact Name (if different from above):_____ Title: _____

Email:_____ Phone: _____

_____

Billing Address (*Suite/Unit # if applicable*) City State Zip

IV. Required Documents

Please initial that you have attached the below **REQUIRED** documents:

____ Proof of Name Change

Please initial (or insert "N/A" for Not Applicable) that you have attached the below **REQUIRED** documents:

____ Delegation of Signatory Authority and Documentation of Authority

V. Acknowledgement

By signing this form, I understand, agree, and certify that:

A. In using this well I will avoid waste, achieve water conservation, protect groundwater quality and the water produced will be for a beneficial use;
B. This well shall be drilled by a TDLR licensed driller and/or apprentice within 30 feet of the location specified;
C. I will furnish the District with a copy of the completed driller's well report log within 60 days of completion of this well and prior to production of water (other than such production as may be necessary to the drilling and testing of such well);
D. I will comply with all District and State well plugging and capping guidelines in effect at the time of well closure;
E. I will submit a copy of the State Well Plugging Report to the District within 60 days of plugging the well:
F. I will submit a photo of the final meter reading for a non-exempt well with submittal of the plugging report;
G. I will comply with the terms of the District Rules, the District Management Plan and orders of the District Board of Directors currently in effect and as they may be modified, changed and amended from time to time;
H. I agree that if the well is located in a flood prone area, well owner will comply with Administrative Rules of the TDLR 16, Texas Administrative Code, Chapter 76 Rule 76.1000;
I. I agree to follow well spacing requirements in District Rules 3.2-3.3 and Administrative Rules of the TDLR 16, Texas Administrative Code, Chapter 76 Rule 76.1000;
J. Upon sale of the property, I agree to notify the buyer that a Transfer of Ownership is required by the District; and
K. I hereby certify that the information given here in is true and accurate to the best of my knowledge and belief.

_____/_____/_____

Property Owner's Signature Print Name Date

Digital signatures of authorized representatives will be accepted by the District through DocuSign (District does not supply DocuSign)

DISTRICT:

_____

Sarah Kouba
General Manager
Lone Star Groundwater Conservation District

_____

Date Approved