



# REQUEST FOR WELL TRANSFER

Submit One Original

DEPARTMENT USE ONLY	
The Department of Environmental Conservation hereby approves this request for transfer.	
BY _____	_____
Signature	Date

A request is made to the New York State Department of Environmental Conservation for approval of **Transfer of Well Responsibilities.**

FROM \_\_\_\_\_ (Transferor)

TO \_\_\_\_\_ (Transferee)

ADDRESS \_\_\_\_\_ (Complete Mailing Address)

TELEPHONE NUMBER (include area code) ( ) \_\_\_\_\_ for the following wells located in the

COUNTY OF \_\_\_\_\_ (Each county requires a separate form)

WELL NAME AND NUMBER	API WELL IDENTIFICATION NUMBER
1.	31- - - - - - - - - -
2.	31- - - - - - - - - -
3.	31- - - - - - - - - -
4.	31- - - - - - - - - -
5.	31- - - - - - - - - -
6.	31- - - - - - - - - -
7.	31- - - - - - - - - -
8.	31- - - - - - - - - -
9.	31- - - - - - - - - -
10.	31- - - - - - - - - -

**ATTACH LIST(S) OF ADDITIONAL WELLS WHEN NECESSARY**

The transferee acknowledges, upon Department approval of this request, that it is legally responsible for all aspects of each well including but not limited to, keeping records, filing reports, maintaining financial security, operating in a safe and environmentally sound manner and properly plugging and abandoning each well as required by the Environmental Conservation Law and the Rules and Regulations. For wells that require financial security pursuant to ECL §23-0305, this request must be accompanied by proof of sufficient financial security acceptable to the Department.

The transferor acknowledges, until the Department approves the requested transfer, that it remains legally responsible for all aspects of each well including but not limited to, maintaining financial security, annual reporting and the proper plugging and abandonment of the well(s).

Part of the processing of this request may include a site inspection of each well. Any and all deficiencies found must be remediated to the Department's satisfaction before the transfer will be approved.

TYPE OR PRINT NAME OF AUTHORIZED PERSON - TRANSFEROR		TYPE OR PRINT NAME OF AUTHORIZED PERSON - TRANSFEE	
SIGNATURE OF TRANSFEROR	DATE	SIGNATURE OF TRANSFEE	DATE
SWORN TO AND SUBSCRIBED		SWORN TO AND SUBSCRIBED	
BEFORE ME, THIS		BEFORE ME, THIS	
DAY OF 20		DAY OF 20	
NOTARY PUBLIC		NOTARY PUBLIC	