

TRANSFER AGREEMENT
CERTIFIED WATER QUALITY MANAGEMENT PLAN

I desire to transfer this certified water quality management plan with the Texas State Soil and Water Conservation Board.

Producer: _____ WQMP No. _____

Signature Producer: _____
Date

I agree to accept the certified water quality management plan and to carry out all practices contained in it.

Producer: _____ WQMP No. _____

Signature Producer: _____
Date

Approved: _____
SWCD Date

Approved: _____
Texas State Soil & Water Conservation Board Date