

District Use Only:

Date/Time Received: _____ Property ID#: _____

Signed Permit Received: _____ Fee Received: _____

Test Hole Permit Request Form

In order for the General Manager to consider an application for a test hole permit, the applicant must submit the following information to the District. This form must be completed for each new well and may be submitted to the District by facsimile (806-935-6633), email (klane@northplainsgcd.org) or in person.

A permit will be generated for a signature based on the verifiable information you provide below.

Applicant Information: Must be Authorized Agent with District or Landowner

Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Landowner Information: (As listed on Deed) Verified through CAD or Filed copy of Deed

Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Legal description of the Section or Pooled Property on which the test holes will be drilled:

County: _____ Driller: _____

(For owned Portion: Ex: All, N/2, S/2, E/2, W/2, NW/4, SW/4, NE/4, SE/4 Etc)

Owned: _____ Section: _____ Block: _____ Survey: _____

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