District Use Only:							
Date/Time Received:	Property ID#:						
Well # of GPU	Well # of Section						
Signed Permit Received:	Fee Received:						

New Well Request Form

In order for the General Manager to consider an application for a water well 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	n: (As listed on D	eed) <u>Verifi</u>	ed through CA	D or Fil	ed copy of Deed
Name:					
Mailing Address:		City:		_ St:	Zip:
Phone:	Cell:		Fax: _		
Email:					
Legal descrip	otion of the prop	erty on wh	ich the well w	/ill be d	rilled:
County:	Quarte	er:	Max GP	M Expe	cted:
Section:	Block:		Survey:		
Use of Groundwater:	SPECIFY		Driller:		
Longitude:		Latituc	le:		
A stake must be placed your staked location, gat Rules and will submit a r received. Once all requir Specialist, your permit w	ther all necessar eport to the Gen red information i	y data to eral Manag is received	determine it i ger after the s d from you a	meets a signed p	Ill current District permit and fee are

Are you repla	Y or N		
Status of well to be replaced (Circle One)	Capped	Livestock/Domestic	Plugged
Is new well less than 100 yards (300 feet) f	rom any prope	rty line: Y or N	