

# 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 every GPU to be tested and may be submitted to the District by **Fax: (806) 935-6633, Email: [permitting@northplainsgcd.org](mailto:permitting@northplainsgcd.org) or in person.**

**\*\*Please be advised that requests that do not contain all necessary information or are on property not previously established with the District in your name will take longer to process than others.**

**A test hole permit will be generated for a signature based on the verifiable information you provide below. Once the fee and signed permit are returned to the District, an approved copy will be issued to you.**

**Applicant Information:** **Must have notarized Agent Authorization on file with District or be Water Right Owner**

Name Of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Water Right Owner Information:

Name of Water Right Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Driller: \_\_\_\_\_

## Groundwater Production Unit of Proposed Test Hole Permit

Please provide one Test Hole Permit Request per GPU

County: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Survey: \_\_\_\_\_ Tract: \_\_\_\_\_

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DISTRICT USE:

DATE RECEIVED: \_\_\_\_\_

GPU # \_\_\_\_\_