

MESQUITE GROUNDWATER CONSERVATION DISTRICT

802 9TH Street Wellington, Texas 79095 Phone: (844) 445-2800 Fax: (806) 419-1035 Email: permits@mesquitegcd.gov

APPLICATION FOR A TEST HOLE PERMIT

For District Use Only

Date Received: _____ Time Received: _____ Permit No. : _____

Instructions: Please type or print legibly. Incomplete applications will be returned to the applicant.

Owner Information: Individual ___ Partnership ___ Corp/Gov Entity ___ Estate/Trust/Guardianship___

Name _____ Title _____

Mailing Address _____

Cell Number _____ Home Number _____ Email Address _____

Agent Name _____ Agent Title _____

Application is hereby made to the Mesquite Groundwater Conservation District for a permit to drill test holes to explore for groundwater on a contiguous tract of land more fully described below.

Tract Location: This property is located in the (circle) NW ¼, NE ¼, SW ¼, SE ¼ of Section _____, Block _____, _____ Survey, _____ County, Texas and is located _____ miles (N or S) and _____ miles (E or W) of _____, Texas. The property consists of _____ acres of land.

Groundwater Production Unit ID: _____ Total number of Non-Exempt Wells on Property: _____

Licensed Water Well Driller to be used for drilling: _____

I, the undersigned applicant, agree and certify that:

- All test holes will be drilled within the tract listed on this application and will respect all District rules regarding spacing from property lines, easements, existing wells, and/or prior permits.
• All test holes will be plugged according to District and State Rules upon completion of test hole operations and prior to the rig leaving the property.
• A true and accurate copy of the drilling log for each test hole will be submitted to the District prior to permit expiration; and
• All information provided herein is, to the best of my knowledge, true and correct. It shall be considered to be fraud upon the District to willfully give erroneous information in this application.

PERMIT EXPIRES 90 DAYS FROM DATE OF APPROVAL WITH FORFEITURE OF LOG DEPOSIT AT 150 DAYS

Applicant Signature: _____ Date: _____

This application was funded by: Owner Operator Other _____

I hereby certify that this application is administratively complete and that the appropriate fee has been paid:

District Representative: _____ Date Approved: _____