

**MESQUITE GROUNDWATER CONSERVATION DISTRICT**

802 9<sup>TH</sup> Street Wellington, Texas 79095

Phone: (844) 445-2800 • Fax: (806) 419-1035 • Email: manager@mesquitegcd.org

**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:**

- (1) 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;
- (2) All test holes will be plugged according to District and State Rules upon completion of test hole operations;
- (3) A true and accurate copy of the drilling log for each test hole will be submitted to the District prior to permit expiration; and
- (4) 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: \_\_\_\_\_