



ILLINOIS DEPARTMENT OF NATURAL RESOURCES
OFFICE OF OIL AND GAS RESOURCE MANAGEMENT
ONE NATURAL RESOURCES WAY
SPRINGFIELD ILLINOIS 62702-1271
(217) 782-7756



OG-7 APPLICATION FOR TEST HOLE PERMIT

NAME: _____ PERMITTEE#: _____ TELEPHONE #: _____

CORPORATION? YES NO

ADDRESS: _____ REGISTERED WITH STATE OF IL? YES NO

REGISTRATION #: _____

HAVE YOU EVER HAD A BOND FORFEITED TO THE DEPARTMENT? YES NO BOND _____
(BLANKET/INDIVIDUAL)

PURPOSE OF TEST(S)

COAL STRUCTURE MINERAL GROUNDWATER MONITORING

PROPOSED NUMBER OF TEST(S) _____ DRILLED TO A PROPOSED DEPTH OF _____ FT

DRILLING CONTRACTOR _____

CITY _____

STATE _____

ZIP _____

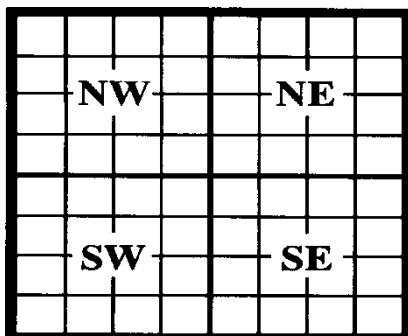
SEND PERMIT TO _____

LOCATION

SECTION _____ TOWNSHIP _____ RANGE _____ COUNTY _____

ARE ANY OF THE PROPOSED HOLES LOCATED OVER A GAS STORAGE FIELD? YES NO

PLEASE LIST TYPE OF DRILLING TOOLS TO BE USED: _____



PERMIT FEE IS \$400 PER SECTION.

SHOW PROPOSED LOCATION OF EACH STRUCTURE TEST AND GROUNDWATER MONITORING TEST HOLE ON PLAT. PROPOSED LOCATIONS FOR COAL AND MINERAL TEST NOT REQUIRED TO BE SHOWN. ALL TEST HOLES ARE REQUIRED TO FILE AN INDIVIDUAL PLUGGING REPORT, ALONG WITH VERIFICATION OF LOCATION OF EACH TEST HOLE, AFTER HOLE IS PLUGGED.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, THE REQUEST, THE APPLICATION AND ACCOMPANYING STATEMENTS AND DOCUMENTS ARE TRUE, CORRECT & COMPLETE.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

TITLE

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in 225 ILCS 725/1 et seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.