



**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)

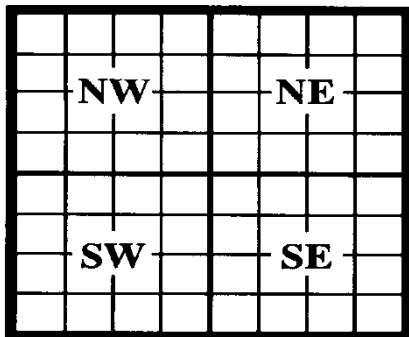
**PURPOSE OF TEST(S)**

<input type="checkbox"/> COAL	<input type="checkbox"/> STRUCTURE	<input type="checkbox"/> MINERAL	<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PERMIT FEE IS \$300.00 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.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT TITLE DATE