

# BUTTER CREEK CRITICAL GROUNDWATER AREA

## WITHDRAWAL REQUEST FORM

2024 WATER YEAR

### OWNER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
\_\_\_\_\_

### OPERATOR

(IF DIFFERENT THAN OWNER)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
\_\_\_\_\_

PERMIT # _____	WELL LOCATION _____	ACRES _____	QUANTITY _____ AF
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PLEASE MAIL, FAX OR E-MAIL TO: Josh Hackett  
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