For Ecology Use

(Date Stamp)

Water Resources Program

**Notice of Intent Refund Request**

Refunds are only issued to the remitter (the person who paid the fee).

Complete, sign, and return this form to: Department of Ecology, Water Resources Program

Well Construction & Licensing Office, P.O. Box 47600, Olympia, WA 98504-7600

**Refund Requests without a copy of the NOI attached will be returned.**

|  |
| --- |
| **Remitter Information** |

|  |  |  |
| --- | --- | --- |
| Name: | | Phone No:  (     )     - |
| Address: | | |
| City: | State: | Zip: |

|  |
| --- |
| **Drilling Company (if different from above)** |

|  |  |
| --- | --- |
|  | Phone No:  (     )     - |

|  |
| --- |
| **Well Information** |

|  |  |  |
| --- | --- | --- |
| NOI #: | Amount to be refunded: | |
| Number of wells originally submitted to drill: | | Number of wells actually drilled: |
| Reason for refund: | | |

I certify that there are no misrepresentations or falsifications in this statement.

I am aware that any misstatements or incomplete information may delay or cancel this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature Date