NGA User Request: ngaur@dws.gov.za

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| **REGIONAL GEOSITE IDENTIFIER REQUEST FORM** |
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| **ORGANISATION / CONSULTANCY:** |
| **ORGANISTAION / CONSULTANCY CONTACT DETAILS:***(Telephone number and / or e-mail address)* |
| **PROJECT NAME:** |
| **PROJECT NUMBER:** |
| **NUMBER OF REGIONAL IDENTIFIERS REQUIRED:** |
| **DATE REQUESTED *(****YYYYMMDD****)*:** |
| **AS PER APPLICABLE MUNICIPAL BYLAWS****APPROVAL REQUIRED TO COMMENCE DRILLING: YES NO**  |
| **DATE OF APPROVAL FROM LOCAL AUTHORITY TO DRILL BOREHOLES (*YYYYMMDD)*:** |
| **MUNICIPAL BOREHOLE REGISTRATION NUMBER:**  |
|   |
| **ALLOCATED REGIONAL GEOSITE NUMBER***(will be provided by Department)* | **LATITUDE** *(Decimal Degrees* *or* *Degrees, Minutes, Seconds)* | **LONGITUDE** *(Decimal Degrees* *or* *Degrees, Minutes, Seconds)* | **QUARTERLY / TERTIARY DRAINAGE REGION** **or****H-REGION FOR LIMPOPO GEOSITES***(If applicable)* | **WATER MANAGEMENT AREA** **or** **MUNICIPAL DISTRICT***(If applicable)* | **LOCATION** *(Farm Name / Village Name)* | **OTHER GEOSITE IDENTIFIER** *(If applicable)* |
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