



Information to be provided on completion of an artesian well

Information to be provided to the Department of Water under the *Water Agencies (Powers) Act 1984* and Section 26E of the *Rights in Water and Irrigation Act 1914* and Regulation 38 of the *Rights in Water and Irrigation Regulations 2000*

Please note:

- All information is to be written clearly and in block letters.
- If insufficient room please use a separate piece of paper.
- It is the responsibility of the person carrying out the works to fill out this form.

Part 1: Details of licence granted under section 26D of the RIGHTS IN WATER AND IRRIGATION ACT 1914

Licence number

Individual Company

Licensee's full name

Part 2: Details of person carrying out the works

Company

Driller

Driller licence number (if known) Driller classification (if known)

Postal address

Telephone Facsimile

Email

Part 3: Location of well

A 26D licence will list the premises on which well construction is to occur.

Property address of well

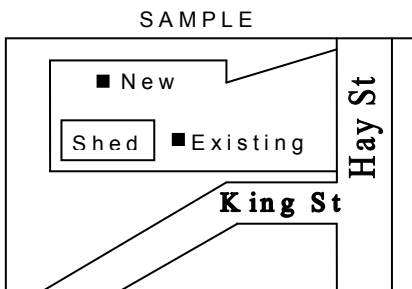
If the physical address of the well is different from the physical address listed on the licence, contact the Department of Water prior to the commencement of construction.

Well coordinates GPS reading Estimate

Zone Easting/latitude Northing/longitude

Datum (e.g. GDA94/WGS84) GPS reliability

Location plan – in the box below please sketch a plan showing position of bore in relation to building, boundaries, road, nearest cross road and any additional information to assist in locating the well.



In the box to the right, please sketch a plan showing:
- location of all wetlands / watercourses / wells / soaks (existing and proposed).
- major improvements (house, large sheds etc).
- dhaded sections to indicate areas under development.

Part 4: Construction Details (all measurements are to be taken from ground level)

Please complete bore construction diagram in box provided below. If insufficient room please attach on a separate piece of paper.

Casing detail					
Material	Nominal bore	Diameter O.D (mm)	Wall thickness (mm)	Depth	
				From (m)	To (m)

Screens/slots				
Screens/slot (Type)	Diameter O.D (mm)	Aperture (mm)	Top of screen	Bottom of screen

Annular fill		
Material	From (metres)	To (metres)

Gravel pack details		
Gravel Size (mm)	From (m)	To (m)

Cementing detail			
<input type="checkbox"/> Pressure cement grouted <input type="checkbox"/> Tremmie			
Hole diameter (mm)	Casing diameter (mm O.D)	Depth	
		From (metres)	To (metres)

Total depth drilled (from ground level)

Geophysical log required as condition of licence? Yes No

Geophysical log taken? (attach log and contractor details) Yes No

From (m)	To (m)	Strata description

Part 5: Particulars of well

Drilling start date refers to the date drilling begins. Do not include set up date.

Drilling completion date includes well development and testing.

Bore name / number	<input type="text"/>		
Drilling start date (dd/mm/yy)	<input type="text"/>	Drilling completion date (dd/mm/yy)	<input type="text"/>
Drilling method used	<input type="checkbox"/> Rotary air <input type="checkbox"/> Cable tool <input type="checkbox"/> Auger <input type="checkbox"/> Rotary mud <input type="checkbox"/> Sludge <input type="checkbox"/> Other (specify) _____		
Final status of well	<input type="checkbox"/> Ready to operate <input type="checkbox"/> Decommissioned <input type="checkbox"/> Other (specify) _____		
Purpose (use) of well	<input type="checkbox"/> Production <input type="checkbox"/> Investigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Other (specify) _____		

Part 6: Well development

Date (dd/mm/yy)	<input type="text"/>	Duration of development	<input type="text"/> hours
Method	<input type="checkbox"/> Airlift <input type="checkbox"/> Pump <input type="checkbox"/> Jetting <input type="checkbox"/> Surging		
	Development pump rate (e.g. L/s, m³/day)		<input type="text"/>

Part 7: Pump testing (if applicable)

Date start (dd/mm/yy)	<input type="text"/>	Date end (dd/mm/yy)	<input type="text"/>	Duration of test	<input type="text"/> hours
	<input type="checkbox"/> Step test <input type="checkbox"/> Constant rate <input type="checkbox"/> Other				
Constant rate - Pump rate (e.g. m³/day)	<input type="text"/>	Pump type (e.g. submersible)		<input type="text"/>	
		Water rest level prior to test (m)		<input type="text"/>	
Measurements taken from	<input type="checkbox"/> top of casing (TOC) <input type="checkbox"/> ground level (GL) <input type="checkbox"/> other (specify) _____				

Final drawdown is the distance between the static water level measured prior to the test and the water level measured at the end of the pumping test.

Elevation of measurement reference point if known (metres AHD)	<input type="checkbox"/> GPS <input type="checkbox"/> Estimate <input type="checkbox"/> other (specify) _____		
Final drawdown	<input type="text"/> m	Recommended supply (e.g. m³/day)	<input type="text"/>

Part 8: Field samples

Specify unit measurements.

Collection method (e.g. pump test, airlift)	<input type="text"/>		
Conductivity (e.g. mS/m)	<input type="text"/>	<input type="checkbox"/> Temperature compensated <input type="checkbox"/> Temperature uncompensated	pH <input type="text"/>
Water temperature at test	<input type="text"/>		

Part 9: Lab samples

Lab samples taken (Please attach) Yes No

TDS (e.g. mg/l)

Please submit samples separately to form if not received within 1 month.

Part 10: Water levels

SWL (Static water level) m Water cut at m

Measurements taken from top of casing (TOC) ground level (GL) other (specify) _____

Date of reading (dd/mm/yy)

Comments.....

Part 11: Headwork construction

Type of headworks fitted (please specify)

Pressure KPA Flow Rate L/h

Comments.....

Part 12: Declaration and signature

Capacity of person making declaration: An individual who carried out the work An officer who is a director or secretary of a corporation that carried out the work. Other (describe).....

I, _____ (name of person making declaration) declare that the information provided on this form is true and correct.

Important information

- All information must be completed on the form unless otherwise indicated as optional for example; provision of the drillers licence number and classification fields are not mandatory and can be filled in at the drillers discretion. Provision of these details would greatly assist the department in completion of its data set.
- Failure to submit this form is an offence under the *Rights in Water and Irrigation Act 1914*
- Under section 26E and regulation 38 within 1 month of completion of the construction of or deepening of the well, the person applying for the licence must submit this form.

Please retain a copy of this form for your records

Where and how to submit this form

This form can be submitted by fax, post or in person to the appropriate Department of Water regional office. For assistance in completing this form contact your regional office.

Kimberley Region

Kununurra Regional Office
27 Victoria Hwy
Kununurra WA 6743
Tel: 08 9166 4100
Fax: 08 9168 3174
PO Box 625
Kununurra WA 6743

Midwest Gascoyne Region

Geraldton Regional Office
94 Sandford Street
Geraldton WA 6531
Tel: 08 9965 7400
Fax: 08 9964 5983
Po Box 73
Geraldton WA 6531

Carnarvon

Carnarvon District Office
211 Robinson Street
Carnarvon WA 6701
Tel: 08 9941 6100
Fax: 08 9941 4931
PO Box 81
Carnarvon WA 6701

Kwinana Peel Region

Mandurah Regional Office
107 Breakwater Parade
Mandurah WA 6210
Tel: 08 9550 4222
Fax: 08 9581 4560
PO Box 332
Mandurah WA 6210

South West Region

Bunbury Regional Office
35-39 McCombe Road
Bunbury WA 6230
Tel: 08 9726 4111
Fax: 08 9726 4100
PO Box 261
Bunbury WA 6231

Busselton

Busselton District Office
Suite 2, 72 Duchess Street
Busselton WA 6280
Tel: 08 9781 0188
Fax: 08 9754 4335
PO Box 269
Busselton WA 6280

South Coast Region

Albany Regional Office
5 Bevan Street
Albany WA 6330
Tel: 08 9842 5760
Fax: 08 9842 1204
PO Box 525
Albany WA 6331

Pilbara Region

Karratha Regional Office
Lot 4608 Cherratta Road
Karratha Industrial Estate
Karratha WA 6714
Tel: 08 9144 0200
Fax: 08 9144 2610
PO Box 836
Karratha WA 6714

Swan Avon Region

Victoria Park Regional Office
7 Ellam Street
Victoria Park WA 6100
Tel: 08 6250 8000
Fax: 08 6250 8050

Warren Blackwood District

Manjimup Regional Office
52 Bath Street
Manjimup WA 6528
Tel: 08 9771 1878
Fax: 08 9771 4335