WATER RESOURCES COMMISSION

Water Wells and Use Registration Form

1.0 Applicant Details

Name of applicant: ________________________________________________________________
Contact person (if different from applicant): __________________________________________
Telephone (Home/Office): ___________________________ Mobile: __________________________
E-mail: ____________________________________________________________
Postal Address: __________________________________________________________________

Location

Town: ___________________________ District: __________________________ Region/Basin: __________________________
Street Name: ___________________________ Area (Suburb): __________________________
House number / any landmark for identification: ________________________________________

2.0 Source of Water for Use

Indicate the water source: hand dug well  ☐  borehole  ☐
Indicate the number of boreholes/wells: __________________________
Indicate GPS location (if available): __________________________
Volume of water used per day (if available): __________________________
Volume of tank/receptor into which water pumped: __________________________
Time taken to fill tank/receptor: __________________________
Capacity of pump or pumping rate (if available): __________________________
Indicate the year of construction: __________________________
Name of borehole drilling company: __________________________
Driller's contact information: __________________________
Availability of drilling report (Yes/No): __________________________
Provide pumping test records and water quality results of borehole (if available)

3.0 Purpose/Type of the Water Use

Domestic  ☐  Municipal  ☐
Recreation  ☐  Commercial  ☐
Irrigation  ☐  Livestock Watering  ☐
Construction  ☐  Aquaculture  ☐
Small Town Water Supply  ☐
Others (Please specify) __________________________

The information contained in this application is true to the best of my knowledge.

Signature __________________________ Date __________________________

OFFICE USE ONLY
Application No. __________ Date Recorded: __________ I.D No.: __________ Certified date: __________

Please note the requested information is only for groundwater resources management and regulation.