



# Information to be provided on completion of a non-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 39 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 any licence granted for the work under the *Rights in Water And Irrigation Act 1914* section 26D**

Licence number

Individual  Company

Licensee's full name

**Part 2: Details of person carrying out the works**

Company

Driller

Driller licence number (non-mandatory)  Driller classification (non-mandatory)

Postal address

Telephone  Facsimile

Email

**Part 3: Location of well**

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

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

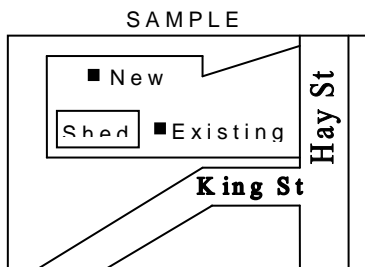
**Property address of well or other tenure details**

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 well in relation to building, boundaries, road, nearest cross road and any additional information to assist in locating the well.**



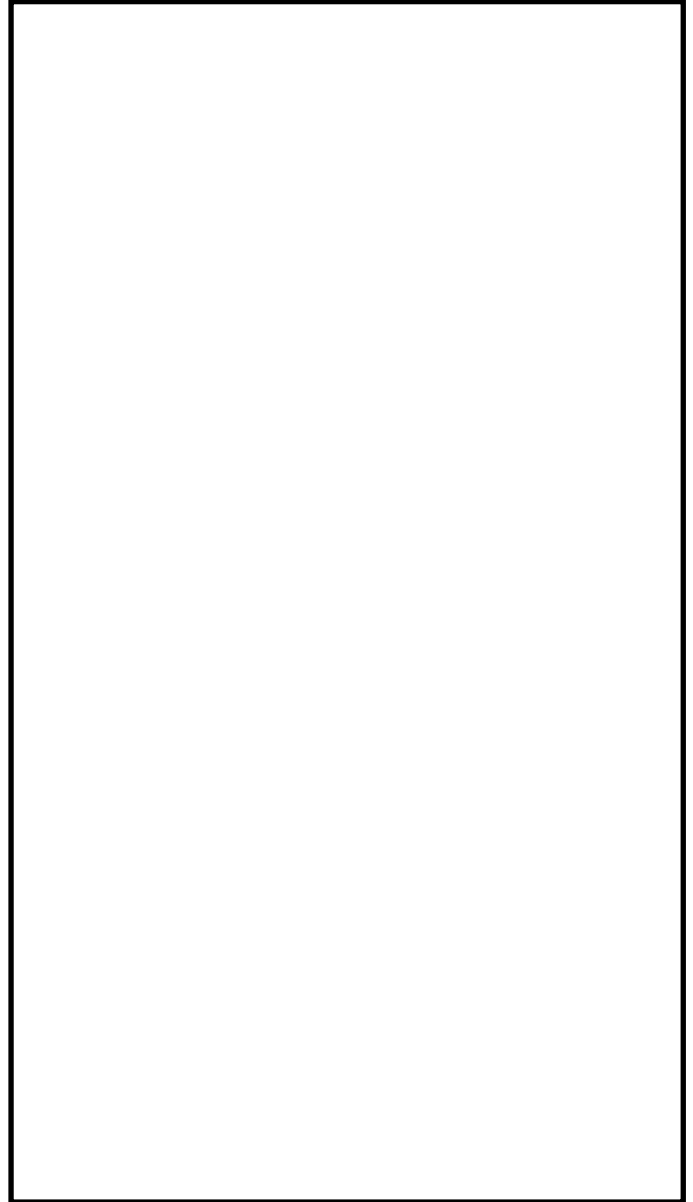
In the box to the right, please sketch a plan showing:

- location of all wetlands / watercourses / wells / soaks (existing and proposed).
- major improvements (house, large sheds etc).
- shaded sections to indicate areas under development.

**Part 4: Construction details (All measurements are to be taken from ground level)**

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

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



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

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

Annular fill		
Material type	From (m)	To (m)

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

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 (If insufficient room attach on separate page)

**Part 5: Particulars of well**

Well name / number

Drilling start  **Drilling completion**

Drilling method used  
 Rotary air    Cable tool    Auger    Rotary mud  
 Sludge    Other (specify) \_\_\_\_\_

Final status of well  
 Ready to operate    Decommissioned  
 Other (specify) \_\_\_\_\_

Purpose (use) of well  
 Production    Investigation    Monitoring  
 Other (specify) \_\_\_\_\_

**Part 6: Well development**

Date (dd/mm/yy)  **Duration of development**  **hours**

Method  Airlift    Pump    Jetting    Surging

**Development pump rate (e.g. L/s, m<sup>3</sup>/day)**

**Part 7: Pump testing (If applicable)**

Date start (dd/mm/yy)  Date end (dd/mm/yy)  **Duration of test**  **hours**

Step test    Constant rate    Other

Constant rate - pump rate (e.g. m<sup>3</sup>/day)  **Pump type (e.g. submersible)**

**Water rest level prior to test (m)**

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

Elevation of measurement reference point if known (metres AHD)  GPS    Estimate  
 other (specify) \_\_\_\_\_

Final drawdown  **m** **Recommended supply (e.g. m<sup>3</sup>/day)**

Comments.....

**Part 8: Field samples**

Specify unit measurements.

Collection method (e.g. pump test, airlift)

Conductivity (e.g. mS/m)   Temperature compensated    Temperature uncompensated   **pH**

Water temperature at test

Comments.....

**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 before the 1 month submission deadline.**

**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: 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 non-mandatory details would greatly assist the department in completion of its data set.
- Failure to complete all mandatory details and to submit the form to the department is an offence under the *Rights in Water and Irrigation Act 1914*.
- Under section 26E and regulation 39 within 1 month of completion of the construction of or deepening of the well, the person carrying out the work for a 26D licence must submit this form.
- Non-artesian wells in proclaimed areas require a licence unless exempted under the *Rights in Water and Irrigation Exemption (S26C) Order 2007*.

**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.

<p><b>Kimberley Region</b></p> <p>Kununurra Regional Office  27 Victoria Hwy  Kununurra WA 6743  Tel: 08 9166 4100  Fax: 08 9168 3174  PO Box 625  Kununurra WA 6743</p> <p><b>Midwest Gascoyne Region</b></p> <p>Geraldton Regional Office  94 Sandford Street  Geraldton WA 6531  Tel: 08 9965 7400  Fax: 08 9964 5983  Po Box 81  Geraldton WA 6531</p> <p><b>Carnarvon</b></p> <p>Carnarvon District Office  211 Robinson Street  Carnarvon WA 6701  Tel: 08 9941 6100  Fax: 08 9941 4931  PO Box 81  Carnarvon WA 6701</p>	<p><b>Kwinana Peel Region</b></p> <p>Mandurah Regional Office  107 Breakwater Parade  Mandurah WA 6210  Tel: 08 9550 4222  Fax: 08 9581 4560  PO Box 332  Mandurah WA 6210</p> <p><b>South West Region</b></p> <p>Bunbury Regional Office  35-39 McCombe Road  Bunbury WA 6230  Tel: 08 9726 4111  Fax: 08 9726 4100  PO Box 261  Bunbury WA 6231</p> <p><b>Busselton</b></p> <p>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</p>	<p><b>South Coast Region</b></p> <p>Albany Regional Office  5 Bevan Street  Albany WA 6330  Tel: 08 9842 5760  Fax: 08 9842 1204  PO Box 525  Albany WA 6331</p> <p><b>Pilbara Region</b></p> <p>Karratha Regional Office  Lot 4608 Cherratta Road  Karratha Industrial Estate  Karratha WA 6714  Tel: 08 9144 2000  Fax: 08 9144 2610  PO Box 836  Karratha WA 6714</p> <p><b>Swan Avon Region</b></p> <p>Victoria Park Regional Office  7 Ellam Street  Victoria Park WA 6100  Tel: 08 6250 8000  Fax: 08 6250 8050</p>	<p><b>Warren Blackwood District</b></p> <p>Manjimup Regional Office  52 Bath Street  Manjimup WA 6528  Tel: 08 9771 1878  Fax: 08 9771 4335</p>
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Please retain a copy of this form for your records