



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

CAW

☐ 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

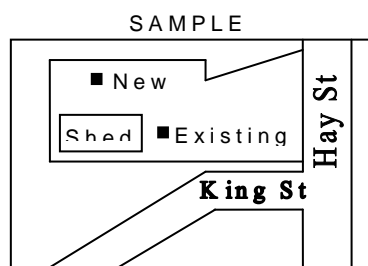
Northing/
longitude

Datum

GPS
reliability

(e.g. GDA94/WGS84)

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)

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)

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

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

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

Drilling completion date includes well development and testing.

Well name / number			
Drilling start		Drilling completion	
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)		Duration of development	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, m ³ /day)	

Part 7: Pump testing (If applicable)

Date start (dd/mm/yy)		Date end (dd/mm/yy)		Duration of test	hours
<input type="checkbox"/> Step test <input type="checkbox"/> Constant rate <input type="checkbox"/> Other					
Constant rate - pump rate (e.g. m ³ /day)		Pump type (e.g. submersible)			
		Water rest level prior to test (m)			
Measurements taken from	<input type="checkbox"/> top of casing (TOC) <input type="checkbox"/> ground level (GL) <input type="checkbox"/> other (specify) _____				
Elevation of measurement reference point if known (metres AHD)	<input type="checkbox"/> GPS <input type="checkbox"/> Estimate <input type="checkbox"/> other (specify) _____				
Final drawdown	m	Recommended supply (e.g. m ³ /day)			

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.

Comments.....

Part 8: Field samples

Specify unit measurements.

Collection method (e.g. pump test, airlift)			
Conductivity (e.g. mS/m)		<input type="checkbox"/> Temperature compensated <input type="checkbox"/> 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 levelsSWL
(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 signatureCapacity 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.

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 81
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 2000
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

Please retain a copy of this form for your records