



WATER AND SEWERAGE AUTHORITY

WATER RESOURCES AGENCY

APPLICATION FOR LICENSE TO ABSTRACT WATER FROM WELL

I/We.....of.....
..... hereby apply for permission abstract water from well indicated below.

WELL NAME / NO.: _____

LOCATION OF WELL: _____

DRILLING CONTRACTOR: _____

DESIRED ABSTRACTION RATE _____ CUBIC METRES PER DAY

DATE _____ APPLICANT'S SIGNATURE AND COMPANY STAMP/
APPLICANT'S SIGNATURE

Please note, the results of a water quality analysis must be submitted before a license to abstract can be issued.

OFFICIAL USE

GROUND ELEVATION: _____ METRES

YIELD AVAILABLE FROM WELL: _____

STATIC WATER LEVEL: _____

YIELD GRANTED: _____

RECOMMENDATIONS BASED ON WATER QUALITY RESULTS: _____

REMARKS: _____

DATE _____

OFFICER'S SIGNATURE _____