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: ___________________________________________________________________

DESIRE 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: ________________________________ ________________

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________________________________________________________________________

DATE ____________

OFFICER’S SIGNATURE ________________________