



# Ministry of Agriculture Hydrometeorological Service



Water and Sewerage Act 2002

## REGISTRATION OF EXISTING WELL (FORM A)

To be completed in duplicate (2)

### 1. OWNER INFORMATION

Name of Individual/Association/Company/Public Authority\*:

Designation (If applicable):

Owner's Address:

Telephone : Home #:

Mobile #:

Fax:

Email Address (If any):

Postal Address (If different from above):

**NOTE: \* Delete what is not applicable**

### 2. WELL LOCATION INFORMATION

If the address of the well location is the same as above, please check the box

If not, please provide the following property descriptors:

(a) Address (if different from above)

(b) Property regime of land:

Lease hold  Transport  Title  Other (Specify): \_\_\_\_\_

(c) Area of the land (in Hectares):



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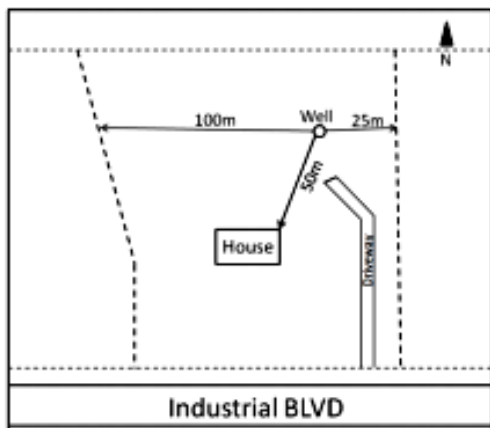
Water and Sewerage Act 2002

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(d) Well Location Map:

Please attach with the registration form a sketch or drawing showing where the well is located on the property, relative to the boundaries, road or any other structures on the land.



Example of Sketch

National Grid Reference of point of water uptake:

Long: \_\_\_\_\_ Lat: \_\_\_\_\_ Elevation: \_\_\_\_\_ m

OR

UTM Zone (NAD83): \_\_\_\_\_ Easting: \_\_\_\_\_ Northing: \_\_\_\_\_

Source of coordinates (*check one*): GPS  Google Earth  Other (please specify) \_\_\_\_\_

### 3. WELL INFORMATION

If the well construction report is available, please attach to this form

Attached  Not attached

**If no well construction report is available, please complete the following:**

Type of water point:

Borehole  Dug well  Augured shallow well Other (specify): \_\_\_\_\_

Water point ownership:  Private  Public  Institutional

Water point use:  Domestic  Livestock  
 Irrigation  Industrial

Other: \_\_\_\_\_

Contractor:

Method of construction:  Air Rotary  Cable Tool  Mud Rotary  
 Augured  Dug  Other (Specify) \_\_\_\_\_



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Date of completion (YYYY/MM/DD): \_\_\_\_\_

If completion date is unknown, provide the date you took possession of the property (YYYY/MM/DD) \_\_\_\_\_

Well Diameter (mm):

Completed well Depth (m):

**Other relevant technical information:**

### 4. DECLARATION OF APPLICANT

I certify that the information provided in this form is correct to the best of my knowledge. I also agree that no decision will be made pursuant to this application until I receive a notification from the Hydrometeorological Services.

Signature of Applicant

Seal/Stamp

Full Names: \_\_\_\_\_

Date: \_\_\_\_\_

### NOTE

When you have completed this form and the appropriate attachments and send them to:

The Chief Hydrometeorological Officer  
Hydrometeorological Services  
Ministry of Agriculture  
18 Brickdam  
Stabroek  
Georgetown

### OFFICIAL USE ONLY

Reception Date: \_\_\_\_\_

Received by: \_\_\_\_\_