

THE REPUBLIC OF UGANDA
THE WATER ACT (Cap. 152)
The Water Resources Regulations, 1998

APPLICATION FOR A GROUNDWATER PERMIT**FORM B**

To be completed in triplicate (3)

7.- OTHER INFORMATION

What alternative sources of water does the applicant have?:

Surface water Urban water supply Rural water supply

Other. Specify: _____

Existing boreholes within one kilometres of the site to which this application refers are:

None Yes

If so, How many? _____

Borehole number (if known):	Name of farm	Distance from site
_____	_____	_____
_____	_____	_____

(Attach a sketch map, on a scale not less than 1:25,000, showing land boundaries, the approximate position of the proposed borehole, existing boreholes within one kilometre of the proposed boreholes and any source of surface water.)

For how long will you require a water permit? _____

Is the source of water located in an area of gazetted water authority? No Yes

Name of water authority _____

DECLARATION OF THE 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 Director of Water Development that I have provided all the necessary information.

Signature of applicant

Seal/Stamp

Full names _____ Date: _____

NOTE

When you have completed this form and the appropriate attachments, you must attach CASH or CHEQUE for Ushs.....for processing the application and send them to:

The Director
 Directorate of Water Development
 P.O. Box 20026
 Kampala

The Director may require you to advertise this application at your cost in a way specified by the Director. Attach a copy of the borehole completion report.

OFFICIAL USE ONLY

RECEPTION DATE: (D)_____ (M)____ (Y)_____

APPLICATION NUMBER: _____

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APPLICATION FOR A GROUNDWATER PERMIT**FORM B***To be completed in triplicate (3)***BOREHOLE COMPLETION REPORT****WATER POINT INFORMATION****1. IDENTIFICATION AND LOCATION DATA**

Type of water point: () Borehole: () Dug well: () Augered shallow well:

Identification: Project I.D. No. _____

Location: Longitude E: _____ Latitude: N/S: _____ Altitude(m): _____

District: _____ County: _____ Sub-county: _____

Parish: _____ Village: _____ Water point: _____

Water point ownership: () Private: () Communal: () Institutional

Water point use: () Domestic () Irrigation: () Livestock: () Industrial:

Water point abandoned: () Low yield: () water quality: ()

Technical: _____

Date abandoned: _____

2. SITE SELECTION DATA

Site by: Organization: _____ Name of person: _____ Title: _____

Date sited: _____ Method of site selection: _____ Resistivity: _____ Electromagnetic: _____

Seismic: _____ Other, specify: _____ None: _____

Attach site selection results

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3. CONSTRUCTION DATA

Contractor: _____ Drilled by: Name of person: _____ Title: _____

Method of construction: Air rotary Cable tool: Mud rotary:
 Augered: Dug: Other, specify: _____

Date for completion of construction: _____

Total well depth at date of completion (m): _____

Water well diameter: mm: _____ From: _____ To: _____
 mm: _____ From: _____ To: _____
 mm: _____ From: _____ To: _____
 mm: _____ From: _____ To: _____

Permanent casing/well ring diameter: mm: _____

Permanent casing/well ring material: PVC: Mild steel:
 Concrete: Bricks:
 Other: _____

Borehole sealing: None: Cement: Bentonite: Other,

Filter slot size & intervals: mm: _____ From: _____ To: _____
 mm: _____ From: _____ To: _____
 mm: _____ From: _____ To: _____

Borehole filters: Gravel pack: Natural pack:

Well development: Duration (hrs): _____

Method of development: Air lift: Bailed: Compressed air:
 Other (specify): _____

4. INSTALLATION DATA

Type of pump: Submersible pump: Centrifugal pump: Hand pump: Bucket:
 Other

Date of pump installation: day/month/year: _____

Name of pump: _____ Pump capacity: _____ m³/h

Pump installation/intake depth: _____ m b.g.l.

Riser pipe material: Galvanized iron: Stainless steel: PVC: other

Riser pipe diameter: _____ mm

Pumping rod material: Galvanized iron: Stainless steel: Wire: other

Pumping rod diameter: _____ mm

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Depth to bedrock: m b.g.l.: _____

Overall geological setting: _____

Lithology: From: _____ To: _____ Description: _____
 (m b.g.l.) From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____

Water strike, Aquifer and yield:

Water strike (m.b.g.l)	Aquifer	Yield m ³ /h
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HYDRO CHEMICAL DATA**6. HYDROCHEMICAL DATA**

Date of sampling: day/month/year: _____

Sampling method: () pumping: () Air-lift sampling: () Bucket:

Sample preservation: () None: () Acid: () Other:

Samples analyzed: Name: _____: Organization: _____

Parameter	Unit	Result	Date	Field/Lab
Turbidity	FTU			
Temp. (Time of sampling)	°C			
Conductivity	uS/cm			
pH	---			
Tot. alkalinity (CaCO ₃)	mg/l			
Hardness (CaCO ₃)	mg/l			
Calcium (Ca ²⁺)	mg/l			
Magnesium (Mg ²⁺)	mg/l			
Sodium (Na ⁺)	mg/l			
Potassium (K ⁺)	mg/l			
Carbonate (CO ₃ ⁺)	mg/l			
Bicarbonate (HCO ₃ ⁺)	mg/l			
Sulphate (SO ₄ ²⁻)	mg/l			
Chloride (Cl)	mg/l			
Nitrate (NO ₃)	mg/l			
Ammonium (NH ₄ ⁺)	mg/l			
Tot. Iron (Fe ²⁺ + Fe ³⁺)	mg/l			
Manganese (Mn ²⁺)	mg/l			
Fluoride (F)	mg/l			
Free Carbon dioxide (CO ₂)	mg/l			
Free Carbon dioxide (CO ₂)	mg/l			
Tot. dissolved solids	mg/l			
Faecal Coli	no/100ml			

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Test carried out by: Organization: _____ Name: _____ Title: _____

Date of test: _____ Duration of test: _____ hrs.

A. Step pumping test: () Yes / () No

Step	Yield (m ³ /h)	Draw down (m)	Spec. Capacity (m ³ /h/m)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

B. Constant discharge: () Yes / () NoAverage discharge during test (m³/h) _____

Static Water Level, SWL (m.b.g.l) _____ Date measured _____

Pumping water level (m b.g.l) _____ Drawdown (m) _____

Transmissivity (m²/day) _____ Spec. Capacity (m³/h/m) _____

Hydro-fracturing: () Yes / () No. If yes day/month/year _____

C. Natural flow: () Yes () No**D.** Air Lift test: () Yes () No**Attach pumping test results.****8. OTHER INFORMATION (include information not catered for in the above sections)**

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Name: _____.

Address: _____.

Telephone Number: _____.

Fax No: _____.

E-mail: _____.

Name of responsible officer: _____.

Title: _____.

Signature: _____.

Date of data submission: _____.

Stamp of organization