

Navajo Water Code Administration
Department of Water Resources
P.O. Box 678
Fort Defiance, Arizona 86504
Website: www.watercode.navajo-nsn.gov
Phone: (928) 729-4132 Fax: (928) 729-4421

Well Drilling Permit (WDP) NO: _____
REFERENCE WUP No: _____
VALID: _____ TO _____

WATER WELL DRILLING APPLICATION/PERMIT
TRIBAL WELL NO: _____

DRILLER'S NAME _____ PHONE NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NO: _____ CONTACT PERSON: _____

APPLICATION/PERMIT TO: () DRILL () RE-DRILL () RE-CASE () DEEPEN

WELL USE: () DOMESTIC () AGRICULTURE/LIVESTOCK () INDUSTRIAL/MINING
 () MUNICIPAL () RECREATIONAL () OTHER _____

PROPOSED: WELL DEPTH _____ FT WELL DIA. _____ IN CASING DIA. _____ IN
 WEIGHT OF CASING _____ LBS/FT PRODUCTION CAPACITY _____ GPM

DRILLING METHOD _____

PROPOSED DRILLING DATES: START _____ / _____ / _____ COMPLETION _____ / _____ / _____

LOCATION: CHAPTER NAME: _____ GRAZING DISTRICT _____

ATTACH AN 8 1/2" X 11" TOPO MAP SHOWING THE LOCATION OF DRILLING

APPLICANT AGREES, AS A CONDITION AND CONSIDERATION FOR THE PERMIT, TO PROVIDE THE WATER CODE ADMINISTRATION, AT NO COST TO THE WCA, THE FOLLOWING INFORMATION UPON COMPLETION OF THE WELL:

- A: A COMPLETED TRIBAL "WELL RECORD" FORM WITH SUMMARY DRILLER'S LOG INFORMATION AND GEOLOGIC FORMATIONS IDENTIFIED. (See last 2 pages of this form.)**
- B: COPIES OF ALL WELL LOGS**
- C: COPIES OF ALL CHEMICAL & BIOLOGICAL ANALYSES**

APPLICANT AGREES, AS A CONDITION FOR THE PERMIT, TO REASONABLE ACCESS TO, ENTRY UPON, AND INSPECTION OF THEIR PROJECT PREMISES BY NAVAJO NATION EMPLOYEES ENGAGED IN ADMINISTRATION OF THIS PERMIT.

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE NUMBER: (_____) _____ ZIP: _____

FAX NUMBER: _____ E-MAIL _____

APPLICANT'S SIGNATURE: _____ DATE: _____

WDP NO: _____

REF. WUP NO. _____

CONDITIONS!

The following data **MUST BE** furnished to the Water Code Administration within 30 days of completion of the well:

1. Driller's log;
2. Stratigraphic log (if done on the well);
3. Copies of all electric logs;
4. Any completed water quality analyses, including TDS, heavy metals, radionuclides, e-coli, total coliforms, VOCs, and so on;
5. Copy of completed well design and construction showing casing and well screen settings, gravel pack, and packer settings;
6. Cement bonding log;
7. Pump test data, recovery rates, static water level, etc.
8. Copies of any additional special tests conducted on the well.
9. Placing a well in service without submittal of the above information will result in a penalty, and may include fines, forfeiture of the well, and other appropriate measures.
10. Well may be utilized by local livestock permit holders in the area.

A water use permit is required to withdraw water from the new well, and such permit will only be valid if the appropriate data noted above have been supplied.

R E C O M M E N D A T I O N S

GRAZING COMMITTEE MEMBER/ () YES() NO _____ DATE _____ / _____ / _____
DISTRICT LAND BOARD MEMBER

CHAPTER COUNCIL DELEGATE () YES() NO _____ DATE _____ / _____ / _____

WATER CODE ADMINISTRATOR () YES() NO _____ DATE _____ / _____ / _____

TECHNICAL REVIEWER () YES() NO _____ DATE _____ / _____ / _____

APPROVED: _____ DATE _____ / _____ / _____

Director, Department of Water Resources

WELL RECORD

Navajo Water Code Administration
Department of Water Resources
P.O. Box 678
Fort Defiance, Arizona 86504

WDP NO: _____

REF. WUP NO: _____

WELL NO: _____ TBA

LOCATION

7.5 min. quad name: _____ Quad no. _____ Grazing Dist. _____

State: _____ County: _____ Chapter: _____

Approx. location: _____

UTM Coordinates: X (East): _____ Y (North): _____ Zone: _____

STRUCTURE

Date begun: ____ / ____ / ____ Date completed: ____ / ____ / ____ Date depth measured: ____ / ____ / ____

Elevation: _____ ft. Total Depth: _____ ft. Hole Diameter(s): _____

Casing Diameter: _____ in. From: _____ ft. to _____ ft. Material: _____

Casing Diameter: _____ in. From: _____ ft. to _____ ft. Material: _____

Casing Diameter: _____ in. From: _____ ft. to _____ ft. Material: _____

Casing Diameter: _____ in. From: _____ ft. to _____ ft. Material: _____

Perforations [] Screen [] (type: _____) Open Hole [] From: _____ ft. to _____ ft.

Perforations [] Screen [] (type: _____) Open Hole [] From: _____ ft. to _____ ft.

Perforations [] Screen [] (type: _____) Open Hole [] From: _____ ft. to _____ ft.

Perforations [] Screen [] (type: _____) Open Hole [] From: _____ ft. to _____ ft.

Perforations [] Screen [] (type: _____) Open Hole [] From: _____ ft. to _____ ft.

Funded By: _____ Contractor: _____

Site Improvements: _____

Type of Lift: _____ Energy Source: _____ Pump HP: _____

HYDROLOGY

Well Yield: _____ gallons/minute (GPM) Date Yield Measured: ____ / ____ / ____

Test Type: _____ Test rate: _____ GPM for _____ hours (Attach copy of well test data.)

Test Date: ____ / ____ / ____ SWL at Beginning of Test: _____ ft. Total Drawdown: _____ ft.

Specific Capacity: _____ GPM per ft. Recovery: _____ ft. after _____ hours.

Logs Available (attach copies): [] Driller's [] Geophysical [] Other

Water Chemistry Analysis Available (attach copies): [] Yes [] No

Static Water Level (SWL): ____ ft. Date: ____ / ____ / ____ SWL: _____ ft. Date: ____ / ____ / ____

