

Department of Water Resources (DWR)
Technical, Construction and Operations Branch (TCOB)
P.O. Box 678
Fort Defiance, Arizona 86504
Ph. No. (928) 729-4132/Fax No. (928) 729-4421
www.watercode.navajo-nsn.gov

WDP NO: _____

REF 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" MAP SHOWING THE LOCATION OF DRILLING

APPLICANT AGREES, AS A CONDITION AND AS CONSIDERATION FOR THE PERMIT, TO PROVIDE THE DEPARTMENT OF WATER RESOURCES, AT NO COST, THE FOLLOWING INFORMATION ON COMPLETION OF THE WELL:

- A: A COMPLETED TRIBAL "WELL RECORD" FORM WITH SUMMARY DRILLER'S LOG INFORMATION AND GEOLOGIC FORMATIONS IDENTIFIED.**
- B: COPIES OF ALL WELL LOGS**
- C: COPIES OF ALL CHEMICAL ANALYSES**

APPLICANT AGREES, AS A CONDITION FOR THE PERMIT, TO ALLOW REASONABLE ENTRY UPON THEIR PREMISES BY DEPARTMENT OF WATER RESOURCES.

APPLICANT: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE NUMBER: (_____) _____ ZIP: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

WDP NO: _____

REF WUP NO: _____

CONDITIONS!

The following data needs to be furnished to the DEPARTMENT OF WATER RESOURCES 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. Complete water quality analysis including heavy metals and radionuclides;
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;
8. Copies of any special tests conducted on this well.
9. Placing a well in service without submittal of the above information will result in a penalty and possible fine.
10. Well will be utilized by local livestock permit holders in the area.

Upon submission of data listed above to the Department of Water Resources a Water Use Permit application will be processed.

RECOMMENDATIONS

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

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

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

APPROVED: _____ DATE ____ / ____ / ____
Branch Director, Department of Water Resources

WELL RECORD

**Department of Water Resources (DWR)
Technical, Construction and Operations Branch (TCOB)
P.O. Box 678
Fort Defiance, Arizona 86504**

WDP NO: _____
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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: ____ / ____ / ____

