

PERMIT HOLDER

Postal Address.....

.....Post Code.....

3. WELL NAME.....

4. LAND IDENTIFICATION

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- Pastoral Lease or Hundred:

Land Parcel ID or Title

Name of Property.....

Date work Commenced..... Date work Completed.....

Work carried out: New Well ☐ Deepen ☐ Enlarge ☐ Rehabilitate ☐ Backfill ☐

Is this a Replacement well? ☐ Unit No: _____

Is this an Existing well? ☐ Unit No: _____

Was well Decommissioned? ☐ if so please state reason and method of backfill.....

Maximum Depth Drilled.....(m) Final Depth.....(m) Final Standing Water Level.....(m) Final Yield.....(L/sec)

11, 12 and 13 as necessary

6.2 Water Cut Details (measurements from natural surface to nearest 0.1 m)

[illegible]

7.2 Type

Surface Intermediate Production	From (m)	To (m)	Internal Diam. (mm)	PVC, STL, FRP Welded Collar Swell Joint	Yes	No	From (m)	To (m)	Cement (bags)	Water (litres)	Other Additives	Placement Method Displacement Gravity, Tremmie Line	Comments
					<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>	<input type="checkbox"/>							

8.2 Screen or Casing (*If variable aperture screen used give limits)

- [illegible]

☐ Other, give details:.....

8.4 Gravel Packing

Material	Depth (m)	Internal Diam (mm)	Method of Placement	Gravel Passing Mesh Size	From (m)	To (m)

13. FORMATION LOG

[illegible]

Method	Depth (m)	Length (m)	Width (m)	Diam (m)	Lining Material	From (m)	To (m)

Method	Hours	Minutes

[illegible]

The Landscape South Australia Act 2019 and Regulations require that strata and water samples must be obtained. If any samples have not been obtained please state reasons: (ie: contaminated site)

As the person responsible I advise that the work has been completed as described above.

Signature of Licensed Driller Date / /

Driller to submit a labelled water sample within 30 days of completion to:

Department for Environment and Water
Water Resource Monitoring Unit, 24-26 Tikalara Street REGENCY PARK SA 5010

Label must include the permit number and date that work was completed.

Reports should either be attached to the water sample and mailed as above, or can be scanned and emailed to groundwater@sa.gov.au. If GPS coordinates are not included above, a well location map must accompany this report.

UNIT NUMBER