

Water Resources Management Athority

The Water Resources Management Act (Act No. 21 of 2011)

The Water Resources Management (Groundwater and Boreholes) Regulations, 2018

BOREHOLE REGISTRATION FORM									
Please complete in block letters		Shaded fields for official use only	Licence Code						
	.		Date and Tir	ne					
Information Required		Information Provided			1				
1	APPLICANT INFORMATION								
	Surname of Applicant								
	Forename(s)		***************************************			_			
	Address								
	City/Town			Acceptance					
	Province:								
	NRC/Passport No:				- Description of the second se	-			
	Telephone								
	Cell No:					-			
	Email address								
2.	Name(s) of applicant								
3.	Type of applicant	Company	Partnership	Co-operative	Individual				
4.	BOREHOLE LOCATION INFO	RMATION:		4.					
	If the address of the borehole location is the same as the above, please check \Box								

	Address				
	Town				
	Legal description.				
	Plot/Lot				
	Plan.				
	District Lot				
	Block				
	Section				
	Township:				
	Borehole Location Map: Attach a sketch or diagram showing where the borehole(s) are located on the property relative to property boundaries, road or any other structures on the land				
	GLOBAL POSITION SYSTEM (GPS) COORDINATES OF THE BOREHOLE				
Coordinates for the borehole can be determined by using a GPS unit, a cell phone application or by using a mapping application such as Google Earth.					
	or by using a mapping application such as Google Earth.				
	Latitude: Longitude:				
	Latitude: Longitude:				
	Latitude: Longitude: UTM Zone: UTM Northing: UTM Northing: Source of Coordinates (Check one): GPS Google Earth Other				
	Latitude:				
,	Latitude:				
•	Latitude:				
•	Latitude:				
	Latitude:				

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	Drilling Company						
	Method of Drilling:						
	Borehole depth (m): Borehole Diameter (in)						
	Estimated abstraction per day:						
	Purpose of borehole:						
7.	DECLARATION BY THE APPLICANT:						
	declare that the information given above is true and						
	correct to the best of my knowledge. Should the information be verified to be false, this application shall be rendered invalid.						
	Signed: Date:						
	Contacts (s) Number (Cell)						
	Before submitting:	Mailing Address:					
	☐ Complete all required information in the application form☐ Attach a sketch or map where the borehole is located	The Director-General Water Resources Management Authority P. O. Box LUSAKA					
	☐ Provide supporting documentation (e.g. borehole completion report) if available	Email:					
	☐ Sign the borehole registration form						
FOR OFFICIAL USE ONLY Received by: RECEIPT No. Officer (Name and Signature)							
Date Received: OFFICIAL STAMP Amount Received:							
Serial No. of application:							