

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

APPLICATION FOR A DRILLING PERMIT**FORM E***To be completed in triplicate (3)*

Complete this form if you want to apply for a drilling permit. Be sure to provide all the information described in parts A, B and C, using as many sheets as necessary.

1.- NAMES AND ADDRESSES

Name of Company/Partnership/Public Corporation/NGO/Cooperative Society:* _____

Address: _____

E-Mail address: _____ Telephone: _____

Designation: _____

Acting for Company/Partnership/Public Corporation/NGO/Co-operative Society* _____

Postal address (if different from above): _____

District: _____

Main Activity: _____

* Delete what is not applicable

**2.- COMPANY/PUBLIC CORPORATION/CO-OPERATIVE SOCIETY/
NGO/ PARTNERSHIP INFORMATION**

Date of Registration: _____

Trading Licence Investment Number/investment Licence No.: _____ Date of Issue: _____

TIN No.: _____

List the full names and citizenship of each Director:

	Names	Citizenship
1)	_____	
2)	_____	
3)	_____	
4)	_____	

3 BANKERS

Please provide the name and address of your firm's bankers:

Name

Address

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Please provide the names and addresses of two referees who can comment on the character competence and reputation of yourself and your firm.:

	Name Telephone	Address
1.		
2.		

You must ensure to provide all the information contained on Attachment A, B and C.

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 nor action taken with respect 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**Official seal/stamp**

Full names _____ Date: _____

NOTE

When you have completed this form and the appropriate attachments, you must attach evidence of payment (URA receipt scanned or delivered) for processing the application and send them to:

The Director
Directorate of Water Resources Management
P.O. Box 20026
Kampala

The Director may require you to advertise this application at your cost in a way specified by the Director.

OFFICIAL USE ONLY**RECEPTION DATE: (D)___(M)___(Y)___.**

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APPLICATION FOR A DRILLING PERMIT**FORM E***To be completed in triplicate (3)***APPLICATION NUMBER:** _____

Please provide the following information on separate sheets. Each sheet shall be signed and dated.

EQUIPMENT

- a) Give the following details on at least 3 of the Drilling Rigs possessed: Make, Model, Age (years), Last overhaul, Rated Capacity, Truck/trailer mounted, Years with company, Mast Capacity (Kgs), Draw Works Capacity (Kgs), Drill pipe diameter, Drill collar diameter, Drill collar weight, Foam/Water Injection, Mud circulation.
- b) Give the following details on at least 3 of the Compressors possessed: Make, Model, Age (years), Last overhaul, Rated capacity (cfm), Rated pressure (bar), Rig/truck/trailer mounted, Years with company.
- c) Give the following details on at least 3 Test Pumping Equipment: Make, Model, Age (years), Last overhaul, Lift capacity (kgs), Rising main diameter, Diameter submersible pump, Capacity submersible pump, Power source, Rig/truck/mounted, Years with company.
- d) Specify Make, Type, Rising and Nos on the following miscellaneous equipment: Air hammers, Drilling bits, Mud pumps, Generators, Well development equipment, Cementing tools, Fishing tools, Water level dippers, Conductivity meters, Radio communication equipment.
- e) Give the following details on the vehicles possessed (6 maximum): Make, Model, Age (years), Last overhaul, 4WD (yes/no), Loading capacity, years with company.

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FORM E

To be completed in triplicate (3)

PART A

APPLICATION FOR A DRILLING PERMIT

Please provide information about the contractor's experience as follows:

CONTRACTOR'S EXPERIENCE				
CLIENT	YEARS	TECHNIQUE	NO. BHS	AVERAGE DEPTH

Signed by Managing Director as true and accurate account of the Company's drilling experience.

Date: Signed:

Names in full:

OFFICIAL USE ONLY

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Please provide the following information about the Drilling Superintendent, Driller (1) and Driller (2) as appropriate and as shown on the next table. The Drilling Superintendent as an accurate account of his drilling experience must sign all three formats.

DRILLING SUPERINTENDENT				
Name:				
Age:				
Years of drilling experience - Total: with Company:				
Details of drilling experience:				
CLIENT	POSITION	TECHNIQUE	NO. BHS	DEPTH
Signed by Drilling Superintendent as an accurate account of his drilling experience				
Date:		Signature:		
Names in full:				

OFFICIAL USE ONLY
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Name:

Age:

Years of drilling experience - Total: with Company:

Details of drilling experience:

CLIENT	POSITION	TECHNIQUE	NO. BHS	DEPTH

Signed by Drilling Superintendent as an accurate account of his drilling experience

Date:

Signature:

Names in full:

OFFICIAL USE ONLY**RECEPTION DATE: (D)__(M)__(Y)___.****APPLICATION NUMBER: _____****Official Stamp and Signature:**

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APPLICATION FOR A DRILLING PERMIT**FORM E***To be completed in triplicate (3)***DRILLER (2)**

Name:

Age:

Years of drilling experience - Total: with Company:

Details of drilling experience:

CLIENT	POSITION	TECHNIQUE	NO. BHS	DEPTH

Signed by Drilling Superintendent as an accurate account of his drilling experience

Date:

Signature:

Names in full:

OFFICIAL USE ONLY**RECEPTION DATE: (D)__(M)__(Y)__. APPLICATION NUMBER: ____****Official Stamp and Signature:**