

Well Information Sheet for Proof of Water

RDN Subdivision Application No.

MOTT Subdivision File No.

A qualified professional must submit and be responsible for a completed well information sheet. See Board Policy No. B1.28 for more information.

APPLICANT AND PARCEL INFORMATION

Proposed Lot No.

Name of Qualified Professional

Name of Applicant

Owner/Authorized Agent

SECTION A: CONFIRMATION OF WELL CONSTRUCTION

Well Location

Depth of Well (m):

Date that the well was drilled:

Well Tag Number (if available):

Distance (m) from the closest source of potential contamination:

(For example: agricultural buildings, septic fields, animal pens/runs, refuse and compost piles, areas of fertilizer/pesticide use or storage, or above or below ground storage tanks, and parking areas)

Has the well been constructed to current minimum standards as outlined in the Provincial Groundwater Protection Regulation?

Yes

No

Is the well accessible for maintenance purposes?

Yes

No

Does the well have a surface seal installed?

Yes

No

Type of seal:

Is the well located outside of a designated floodplain?

Yes

No

(Please refer to "Regional District of Nanaimo Flood Hazard Mitigation Bylaw No. 1872, 2023" available at www.rdn.bc.ca/bylaws-policies-forms-maps).

For wells located in a designated floodplain: What measures have been taken to protect the well?

Is the wellhead a minimum of 300mm above finished grade, above the 200 year flood level and is the ground around the wellhead sloped away from the well casing? Yes No

SECTION B: CONFIRMATION OF PUMP TESTING

Date of pumping test:

Well recovery time (90%):

Duration (hours):

Was the pumping test run in accordance with Part B of Board Policy B1.28?

Yes

No (Attach pumping test report)

Results of pumping test (estimated production in m³ per day year round):

Registered well driller, Name:

Pumping test was completed by (Check one):

Registered pump installer, Name:

Other person under the direct supervision of a registered well driller, registered pump installer or of a professional with competency in hydrogeology:

Name:

If pumping test occurred between the months of November through end of June, has a report from a Professional Hydrogeologist been provided? Yes No Name of Hydrogeologist: Date of report:

SECTION C: POTABLE WATER QUALITY TEST

Has the well water been tested by a qualified independent laboratory? **Yes** **No**

Name of Laboratory that conducted the water quality test
(Attach a copy of the water quality test results)

Date of test:

Please list any drinking water parameters that exceed the maximum acceptable concentration levels as outlined in the Canadian Drinking Water Guidelines. Please be sure to include the unit of measurement.

Substance Exceedance	Maximum Acceptable Concentration	Concentration of Substance in Well
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If more space is required, attach a separate sheet. If there are exceedances as listed above, is it your professional opinion that the source water is of a treatable water condition?

Unsure explain:

If there are exceedances as listed above, please explain the recommended approach to water treatment/mitigation for the proposed building(s) to achieve potable water.

In your professional opinion, can the recommended treatment system or mitigation approach be reasonably operated and maintained by an average home owner from a practical and economic perspective **Yes** **No**

SECTION D: SIGNATURES

As the qualified professional responsible for drilling and/or pump testing of the well, I certify that all the above noted information contained in this well information sheet is accurate to the best of my ability and that I have reviewed this report and the recommendations contained here within with the subdivision applicant.

Qualified Professional Signature

Date

Qualified Professional Name

Company Name

As the property owner or agent in association with the applicable subdivision application, I confirm that I have received this well report and that the qualified professional has reviewed this well report with me and the recommendations contained here within.

Subdivision Applicant Signature (Owner)

Date

Agent Signature (If applicable)

Date