

A qualified professional must submit and be responsible for a completed  
Well Information Sheet in accordance with RDN Board Policy B1.28

**RDN Subdivision Application No.**
**MOTT Subdivision File No.**

I have read Board Policy B1.28 and understand the requirements of Proof of Water      Yes      No

**Proposed Lot No.**
**Qualified Professional Name**
**SECTION A: CONFIRMATION OF WELL CONSTRUCTION**

Well Location on Lot

Well Depth (m)

Date Well Drilled

Well Tag/Plate No.

Distance from closest source of potential contamination (m)

(For example: septic fields, agricultural buildings, animal pens/runs, fertilizer/pesticide storage, refuse/compost piles, above/below ground storage tanks, and parking areas. Refer to Section 8 of the *Health Hazards Regulation*)

The well was constructed to current minimum standards of the

[Provincial Groundwater Protection Regulation](#)

Yes

No

The well is accessible for maintenance purposes

Yes

No

A well surface seal has been installed

Yes

No

Type of seal

The wellhead is a minimum of 300 mm above finished grade

Yes

No

The wellhead is above the 200-year flood level

Yes

No

The ground around the well is sloped away from the well casing

Yes

No

The well is located outside a designated floodplain

Yes

No

(Please refer to the [RDN Flood Hazard Mitigation Bylaw No. 1872, 2023](#))

For wells located in a designated floodplain, please explain the measures taken to protect the well from a flood event:

**SECTION B: CONFIRMATION OF PUMPING TEST**

The pumping test was conducted in accordance with Board Policy B1.28 (attach test report)

Yes

No

Date of pumping test

Well recovery time (90%)

Duration of test (hrs)

Results of pumping test (estimated production in m<sup>3</sup> per day year-round)

Pumping test was completed by (check one of the following and provide name of professional):

Registered Well Driller

Name:

Registered Pump Installer

Name:

Person under direct supervision of a Registered  
Well Driller, Registered Pump Installer, or  
professional with competency in hydrogeology

Name:

If the pumping test occurred between November 1 and June 30, a Professional Hydrogeologist report has been provided (attach hydrogeologist report)			Yes	No
Name of Hydrogeologist			Date of report	
<b>SECTION C: POTABLE WATER QUALITY TEST</b>				
The well water has been tested by a qualified independent laboratory (attach lab report)			Yes	No
Name of qualified laboratory			Date of water quality test	
Please list any drinking water parameters that exceed the maximum acceptable concentration levels as outlined in the Canadian Drinking Water Quality Guidelines or Island Health Source Water Quality Parameters. Please be sure to the unit of measurement. Attach a separate sheet if more space is required.				
<b>Substance Exceedance</b>	<b>Maximum Acceptable Concentration</b>	<b>Concentration of Substance in Well</b>		
For any exceedances listed above, I acknowledge that the source water is of a treatable water condition			Yes	No
Please explain the recommended approach to water treatment/mitigation for the proposed building(s) to achieve potable water (if applicable):				
I acknowledge that the recommended treatment system or mitigation approach can be reasonably operated and maintained by an average homeowner, from a practical and economic perspective				
<b>SECTION D: SIGNATURE</b>				
As the qualified professional responsible for drilling and/or pumping tests of the well, I certify that the information contained in this Well Information Sheet is accurate to the best of my ability and that I have provided a copy and reviewed the results of this Well Information Sheet with the subdivision applicant.				
Qualified Professional Signature			Date	
Qualified Professional Name			Company Name	