



Proof of Water

Well Information Sheet

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 <i>Health Hazards Regulation</i>)			
The well was constructed to current minimum standards of the <i>Provincial Groundwater Protection Regulation</i> 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 ³ 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		
SECTION C: POTABLE WATER QUALITY TEST				
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.				
Substance Exceedance	Maximum Acceptable Concentration	Concentration of Substance in Well		
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			Yes	No
SECTION D: SIGNATURE				
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		