

Office Use Only

Application #:

Date received:

Note: This form is to be accompanied by the following documentation:

- Ministry of Environment (MOE) Well Record permit copy*
- Site plan showing well refer to City of Thunder Bay outline
- City of Thunder Bay Certificate of Water Quantity* completed by a licenced Water Well Technician

(* Note – where the Quantity pump test data/certificate (MOE record or City of Thunder Bay form) is more than 3 years old, it must be accompanied by a valid (updated) City of Thunder Bay Water Well Quantity Test form)

Please be advised the City of Thunder Bay does NOT REVIEW water quality results pertaining to water from private groundwater wells. Applicants for building permits are advised that educational material is available from various sources regarding the testing of water quality. Home builders and home-purchasers can use test results to pursue treatment and/or filtration options to determine what, if anything, needs to be implemented to make the well water suitable for domestic use and consumption.

Declaration – **Responsibility for Quality of Well Water**

I, _______, and the person, or authorized representative of the person, corporation please print only or partnership (as applicable) able to bind the party causing the construction of a dwelling unit which is the subject of the building permit application this document is provided in support of, as it applies to the property location described as:

Municipal address or where none assigned, legal description - Note: must describe the specific piece of property on which the well exists

and declare the following:

- the attached MOE Well Record ______ applies to the above-mentioned property, Well Tag # as per MOE Well Record
- acknowledge that I/we am/are aware the City of Thunder Bay is not involved in the review of the quality of the well water. It is understood that I/we must make the necessary determinations about the feasibly of treating the water from this well by obtaining and using test results from properly certified laboratories and investigating treatment techniques necessary to provide a potable water supply to serve the dwelling.

and, (choose only one of the following)

- g I am the property owner and building permit applicant,
- g I am a Tarion Homebuilder providing the home served by this well to a customer, OR
- g I am the building permit applicant that will become the property owner and have responsibility for delivering a potable water supply to the dwelling unit using the above-referenced groundwater well

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GROUNDWATER WELL QUANTITY CERTIFICATE

This form is intended for use in an application applying to a SINGLE FAMILY DWELLING UNIT ONLY.

This information is considered valid for the purpose of obtaining a building permit for not more than 3 years from date of test.

This form is to be completed by the Water Well Technician responsible for testing to determine the quantity of water

produced by the groundwater well for which well #_______ is submitted for the purpose of applying Well tag # as per MOE Well Record

for a building permit to construct a new dwelling unit that will be serviced from this well.

Property Location:

Municipal address or where none assigned, legal description - Note: must describe the specific piece of property on which the well exists

Date Quantity Test Performed:

Month - Day - Year

Well Type: **g** Drilled **g** Dug or

MINIMUM PUMPING CAPACITY in 1st Hour

The well was pumped at no less than an average of 4 gallons (18 litres)/minute for the 1st hour for a minimum total of 240 gallons (1,080 litres) in compliance with the City's minimum standard.

RECOVERY (SUSTAINED) YIELD immediately after 1st Hour – Choose the appropriate box below

- g For DUG OR DRILLED WELLS - In the 2nd subsequent hour or greater (i.e. hours), the well recovered at an average rate of no less than 2 gallons/minute (9 litres/ minute).
- For DRILLED WELLS ONLY the well recovered at an average rate of no less than 1gallon/minute g (4.5 litres/ minute) in the subsequent 2 consecutive hours.

Does the groundwater well meet or exceed the above criteria?	g Yes	g No	
Please report minimum recommended pump rate.	gal/min	or	litres/min
Please report recovery rate on this date.	gal/min	or	litres/min

Licenced Well Technician Declaration

Ι,		, of the City of		am a
	Please Print Name		Please Print	

Licenced Well Technician in the Province of Ontario and certify that all the statements contained herein are true.



Development Services Department

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WELL LOCATION SITE PLAN

Site plan to include the following:

- Overall clarity and neatness of presentation
- o Dimensioned property lines
- Names of adjacent roads
- North direction arrow
- Dimensions showing well location from:
 - property lines
 - closest building/s on same property

Answer the following:

0	Is there a driveway serving this property?	Yes	No
	If Yes show on sketch with dimensions		
0	Are there significant buildings $(> 4 \text{ m x } 4 \text{ m})$ existing on the property?	Yes	No
	If Yes show on sketch with dimensions		

Property Location:

Municipal address or where none assigned, legal description - Note: must describe the specific piece of property on which the well exists