



Certified Well Contractor	Well Owner/Contractor Information
Name _____	Well drilled for: Owner _____
Certificate No. _____	or Contractor/Builder/Consultant/etc. _____
Company _____	Civic Address of well _____
Address _____	Lot No. and Subdivision of well _____
Helpers Name(s) _____	County _____ Postal Code _____ Phone _____
	Nearest Community in: <input type="checkbox"/> NS Atlas <input type="checkbox"/> NS Map Book _____

Stratigraphic Log					Well Location
Depth in feet From	To	Colour	General Description of Overburden/Bedrock	Water Found	Well Sketch
				<input type="checkbox"/> Y <input type="checkbox"/> N	Property (PID) _____ GPS (WGS84 UTM) Northing _____ m Easting _____ m <input type="checkbox"/> NS Atlas <input type="checkbox"/> NS Map Book _____ Page _____ Column _____ Row _____ _____ Roamer Letter _____ Roamer Number _____
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Attach Another Sheet if Needed</i>					Well Location Sketch <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Well Construction Information	Clearance Distance to Nearest	Water Yield
Total depth below surface _____ ft	Oil tank _____ ft	Method: <input type="checkbox"/> Air blown <input type="checkbox"/> Bail <input type="checkbox"/> Pump
Depth to bedrock _____ ft	Roadway outer boundary _____ ft	Rate _____ igpm Duration _____ hrs
Water bearing fractures encountered _____ ft	Road name _____	Test depth _____ ft
_____ ft _____ ft _____ ft _____ ft	On-site sewage system _____ ft	Depth to water at end of test _____ ft
Well Casing	Off-site sewage system _____ ft	Total drawdown _____ ft
<i>Outer Casing</i>	Cesspool or other potential source of contamination _____ ft (please identify source)	Water level recovered to _____ ft
From _____ To _____ ft	Watercourse _____ ft Well _____ ft	by _____ hrs _____ mins after test ended.
Diameter _____ in		Depth to static level _____ ft
Wall Thickness _____ in		<input type="checkbox"/> Overflow
Material: <input type="checkbox"/> steel or _____		
<i>Inner Casing</i>		
From _____ To _____ ft		
Diameter _____ in		
Wall Thickness _____ in		
Material: <input type="checkbox"/> steel or _____		
ASTM spec. _____		
ASTM spec. _____		
Length of casing above ground _____ ft _____ in		
<input type="checkbox"/> driveshoe: type _____		
<input type="checkbox"/> grout: type _____ <input type="checkbox"/> packer: type _____		
Well Finish		
<input type="checkbox"/> open hole <input type="checkbox"/> slotted casing <input type="checkbox"/> screen <input type="checkbox"/> gravel pack		
Screens: make _____ material _____		
length _____ ft from _____ to _____ ft slot size _____		
length _____ ft from _____ to _____ ft slot size _____		
Gravel pack: size _____ from _____ to _____ ft		

Water Quality
Colour _____ Taste _____ Odour _____ Other _____

Final Status of Well	Water Use	Method of Drilling
<input type="checkbox"/> Water supply	<input type="checkbox"/> Domestic	<input type="checkbox"/> Rotary
<input type="checkbox"/> Observation Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Cable Tool
<input type="checkbox"/> Test Hole	<input type="checkbox"/> Commercial	<input type="checkbox"/> Jet
<input type="checkbox"/> Recharge Well	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other _____
<input type="checkbox"/> Abandoned, insufficient supply	<input type="checkbox"/> Irrigation	_____
<input type="checkbox"/> Abandoned, poor quality	<input type="checkbox"/> Public Supply	<input type="checkbox"/> Drilling Fluids
<input type="checkbox"/> Abandoned, salt water	<input type="checkbox"/> Agricultural	Type: _____
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Heat Pump	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____

Driller's Comments	Certification
	I certify this well has been constructed in accordance with the <i>Nova Scotia Environment Act and Well Construction Regulations</i> .
	Date Well completed _____
	Signature _____
	Date Signed _____
	Mail to:
	Nova Scotia Department of Environment 30 Damascus Road, Suite 115 Bedford, Nova Scotia B4A 0C1