



Facility Name:	Date:
Owner Name:	
ODW Code (if applicable):	

Well Construction Details

Well Drillers Log:	<input type="checkbox"/> Attached	<input type="checkbox"/> Requested from Groundwater Branch	<input type="checkbox"/> Unavailable
Date Well Drilled:	Location(Street/UTM/Lat/Long):		
Type of Well:	<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Bored Well	<input type="checkbox"/> Dug Well <input type="checkbox"/> Sandpoint Well
Top of Well Casing:	<input type="checkbox"/> Below Ground In a Pit	<input type="checkbox"/> Above Ground:	in or cm
Approximate Well Depth:	ft or m	Pump Type: (circle)	Submersible Jet Suction <input type="checkbox"/> Well Screen

Well Head Conditions

Is the well head/lid accessible (not under a building, sidewalk, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the ground surface graded to drain water away from the well...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does water pond around the well head/lid.....	<input type="checkbox"/> Never	<input type="checkbox"/> In spring	<input type="checkbox"/> Heavy rain
Does the well head/lid flood (ex: during spring run-off).....	<input type="checkbox"/> Never	<input type="checkbox"/> In spring	<input type="checkbox"/> Heavy rain
Does the well casing extend at least 18 inches/0.45m above ground	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the well have a watertight sealed cap or lid.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the service connection contained in a pit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
For well pits, does surface run-off enter or pond in the pit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there space between the well casing and the ground around it ...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the water quality change seasonally (color, taste, odor, clarity)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Sources of Potential Contamination

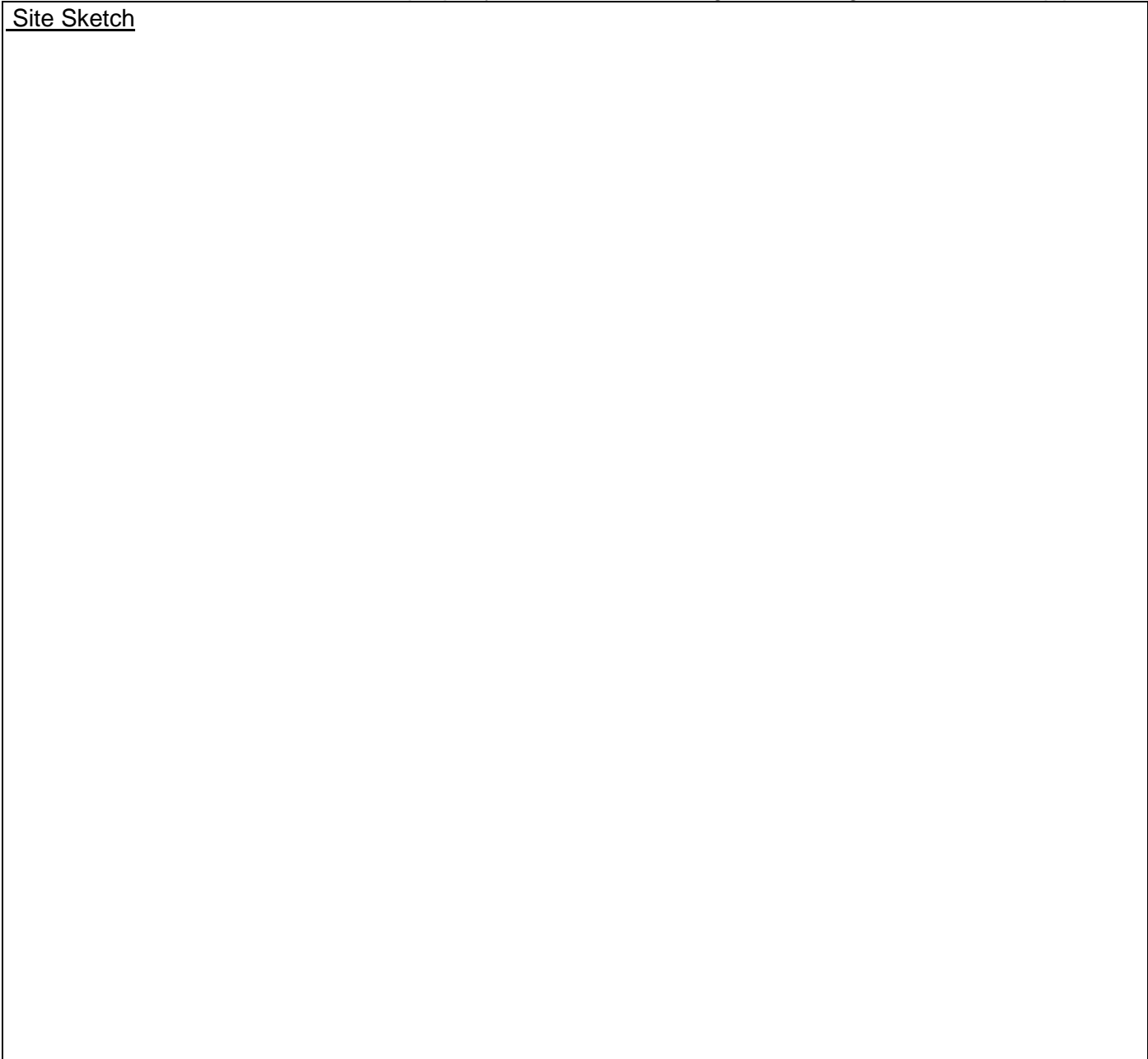
Distance if within 100 m

Abandoned Well	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Septic tank and/or Field	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pail Pit or vault Privy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Sewage Ejector System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Greywater field or pit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Compost Site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Livestock Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Manure storage site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Petroleum storage or spills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Fertilizer storage or spills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pesticide storage or spills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other chemical store or spill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Feed or grain storage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Fertilizer application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Excavations (incl.gravel pits)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Dugout	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Water Course / Water Body	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other:	
Are water lines located within 30m of any of these contamination sources?	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe):

Well Details / Location Information

Please indicate location of well on property in relation to buildings and sewage tanks, fields or pipes

Site Sketch



Attach a photograph of well head

Other Notes:

A copy of a laboratory analysis report for a recent bacterial sample from the well is attached: Yes No

A copy of a laboratory analysis report for general well water quality is attached (ex: iron, hardness): Yes No

A copy of a laboratory analysis report for nitrates and trace elements are attached: Yes No