



Well Pump Installation Report

Stamp company name/address/ phone/fax/e-mail here.

Ministry Well ID Plate Number: _____

Ministry Well Tag Number: _____

Permanent well pump for: New well Existing well
Permanent well pump: New Repaired

Red lettering indicates minimum mandatory information
See reverse for notes & definitions of abbreviations

Owner name: _____

Mailing address: _____ Town _____ Prov. _____ Postal Code _____

Well Location: Address: Street no. _____ Street name _____ Town _____

or **Legal description:** Lot _____ Plan _____ D.L. _____ Block _____ Sec. _____ Twp. _____ Rg. _____ Land District _____

or **PID:** _____ and **Description of well location (attach sketch, if nec.):** _____

NAD 83: Zone: _____ and **UTM Easting:** _____ m or **Latitude:** deg: _____ min: _____ sec: _____

(Datum must be set to NAD83) **UTM Northing:** _____ m **Longitude:** deg: _____ min: _____ sec: _____

Class of well (see note 4): _____ **Sub-class of well:** _____

Water supply wells: indicate intended water use: private domestic water supply system irrigation commercial or industrial other (specify): _____

Diameter of well: _____ in **Depth of well:** _____ ft (bgl)

Well Pump Installation Information

Type of well pump:

- Submersible Jet (end-suction)
- Vertical turbine Other (specify) _____

Manufacturer of well pump: _____

Model of well pump: _____ **Horsepower:** _____

Number of stages: _____

Riser column size: _____ in Shaft size: _____ in

Depth of pump intake: _____ ft (btoc)

Nominal pumping rate: _____ USgpm

Static water level: _____ ft (btoc)

Pumping water level: _____ ft (btoc)

Pumped rate: _____ USgpm Pumped duration: _____ hrs

Artesian flow: _____ USgpm or Artesian pressure: _____ ft

Sounding tube installed: Yes N/R

Level Transmitter: _____ ft Setting Depth: _____ ft

Raw water sampling tap installed: Yes N/R

Water sample collected (see note 6): Yes N/R

Well head completion after pump installation:

- Pitless adaptor Type of well cap: _____
- Sanitary well seal

Well pump and works disinfected after installation: Yes N/R

Final stick-up: _____ in

Depth to top of casing (if below ground level): _____ in

Details of any modifications made to the wellhead or other comments: _____

Well Pump Installer (please print):

Name (first, last): _____

Company name: _____

Registration number of person responsible: _____

Consultant (if applicable): _____

Date of well pump installation (YYYY/MM/DD): _____

Declaration:

The well pump installation work has been done in accordance with the requirements in the *Water Act* and the Ground Water Protection Regulation.

Note: The information recorded in this well pump installation report describes the works that exist on completion of well pump installation. Water levels, pumping rates, and water flows are not guaranteed as they are influenced by a number of factors, including natural variability, human activities, and condition of the works, which may change over time.

white: Customer copy
canary: Driller copy

General:

1. Requirements for well pump installation reports are found in Part 5 of the *Water Act*, available at: http://www.env.gov.bc.ca/wsd/plan_protect_sustain/groundwater/index.html#leg.
2. The current Ministry standard datum for mapping and geodetic use is the North American Datum of 1983 (NAD 83). To determine GPS coordinates using a Global Positioning System (GPS), set the datum to NAD 83.
3. For latitude and longitude coordinates, provide coordinates in degree, minutes and seconds (e.g., 50° 2' 21.037").
4. The classes and sub-classes of wells are shown below:

Class	Sub-class (if applicable)
Water supply	Domestic; Non-domestic
Monitoring	Temporary; Permanent
Recharge or injection	
Dewatering or drainage	Temporary; Permanent
Remediation	Temporary; Permanent
Geotechnical	Borehole; Test pit; Closed loop geothermal

5. Well reports submitted to the Deputy Comptroller, or retained by the person responsible, as required under the *Water Act* and the Ground Water Protection Regulation, shall be considered part of the Provincial Government records and are subject to the *Freedom of Information and Protection of Privacy Act*.
6. A water sample may be collected during well pump installation on behalf of the person responsible for collecting the water sample for water quality analysis.

Registration Number of Person Responsible:

7. Fill in the registration number found on the Qualified Well Pump Installer or Qualified Well Driller identification card. If the work was completed by someone who is not registered, the Qualified Well Pump Installer or Qualified Well Driller who is directly supervising the work should fill in their registration number. The Qualified Well Pump Installer or Qualified Well Driller signs the form.

Definitions of Abbreviations:

bgl	below ground level	in	inches	Rg.	Range
btoc	below top of casing	m	metres	sec	seconds
deg	degrees	min	minutes	Sec.	Section
D.L.	District Lot	no.	number	Twp.	Township
ft.....	feet	N/R	not required	USgpm	US gallons per minute
hrs	hours	PID	Parcel Identifier	UTM	Universal Transverse Mercator Grid

Contact Information:

8. If you have any questions about the *Water Act* or this report form, please contact your local Ministry of Environment office.

Form Submission:

There are no requirements to submit completed form to the Ministry of Environment. Form is to be filled out for:

1. Well owner
2. Your own records

Updated: Feb 7, 2008