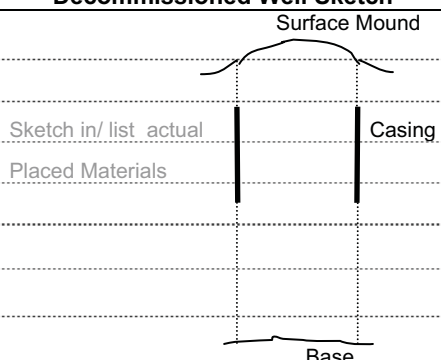


Water Well Decommissioning Record

Certified Well Contractor		Well Owner/Contractor Information		
Name _____ Certificate No. _____ Company _____ Address _____ Phone No. _____		Well decommissioned for: Owner _____ or Contractor/Builder/Consultants _____ Civic Address of Well _____ Lot No. _____ Subdivision _____ County _____ Postal Code _____ Nearest Community in: <input type="checkbox"/> NS Atlas or <input type="checkbox"/> NS Map Book _____		
Well Location				
Property (PID) _____ GPS (WGS84 UTM) Northing _____ Easting _____		<input type="checkbox"/> NS Atlas or <input type="checkbox"/> Map Book Reference: Page No. _____ Reference No. _____ Roamer Letter _____ Roamer Number _____		
Well Decommissioning Description				
Distance measurement Units <input type="checkbox"/> metres, or <input type="checkbox"/> feet				
Type of well <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Other Depth to static water level _____ Total depth of well _____ Diameter of well _____ Total calculated volume of well _____ Litres, or _____ Imperial Gallons, or _____ cu. Metres, or _____ cu. yards Depth of well casing _____ Type of well casing <input type="checkbox"/> steel <input type="checkbox"/> thermoplastic <input type="checkbox"/> concrete corks <input type="checkbox"/> rock/stone <input type="checkbox"/> other (describe) _____		Base of well casing completed in <input type="checkbox"/> bedrock, or <input type="checkbox"/> overburden Pumping equipment removed <input type="checkbox"/> Yes, or <input type="checkbox"/> No (if not removed, provide explanation) _____ Depth well casing removed to _____		
Reasons for water well decommissioning: <input type="checkbox"/> inadequate construction <input type="checkbox"/> inadequate water quality <input type="checkbox"/> municipal supply available <input type="checkbox"/> inadequate water quantity <input type="checkbox"/> well not being maintained <input type="checkbox"/> other (describe below) _____				
Decommissioning Materials Log				
Depth (Indicate units) From To	Material Volume (Indicate units) Calculated Placed		Description of Decommissioning Material	Decommissioned Well Sketch
Surface				
				Sketch in/ list actual Placed Materials
				Base
Well Contractor's Comments			Certification	
_____ _____ _____ _____			I certify that the well described herein has been decommissioned in accordance with the Nova Scotia Environment Act.	
			Date well decommissioned _____	
			Name (Print) _____	
			Signature _____	
Mail to:			Date signed _____	
Nova Scotia Environment 30 Damascus Drive, Suite 115 Bedford, Nova Scotia B4A 0C1				