

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	Casing
			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 _____ Date signed _____
Mail to:	
Nova Scotia Environment and Labour Suite 224, 1595 Bedford Highway Bedford, Nova Scotia B4A 3Y4	