



Est. 1873

## STANDARD FORM F2

### PRIVATE WELL CERTIFICATION

Pursuant to Schedule "B" of the Subdivision and Development Servicing Bylaw, which requires that each lot to be created and/or each existing lot forming part of the proposed Development can be serviced with potable water in accordance with the requirements of the Bylaw for the Development of:

**Legal Description:** \_\_\_\_\_

**Project No:** \_\_\_\_\_

I certify that a quantity of not less than 2,500 litres per day has been proven for each existing or proposed lot in the Development.

I certify that each well within the subdivision has been tested and is capable of continuously providing water at a rate of 9 litres per minute for a four hour period.

I certify that the water has been tested and proven safe for human consumption by a laboratory accredited by the B.C. Government for testing of potable water and is in accordance with the Drinking Water Protection Regulation as though the source is a water supply system regulated by the Drinking Water Protection Act, 2001.

I certify that the water has been tested for the aesthetic, microbiological, chemical and physical parameters required to be tested for domestic water systems by the Drinking Water Officer or Medical Officer of Health for the Fraser Health Authority and meets the Guidelines recommended in the latest edition of the " Canadian Drinking Water Quality Guidelines, Health Canada".

***Professional Engineer responsible water sample collection for test:***

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_



***Engineer's Seal***

Form F-2 shall be submitted with completed sets of Forms F-3, F-4 and F-5 for each well as required pursuant to Section W19 of Schedule "B".



## STANDARD FORM F4

### WELL PUMP - DRAWDOWN AND RECOVERY GRAPH



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OWNER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

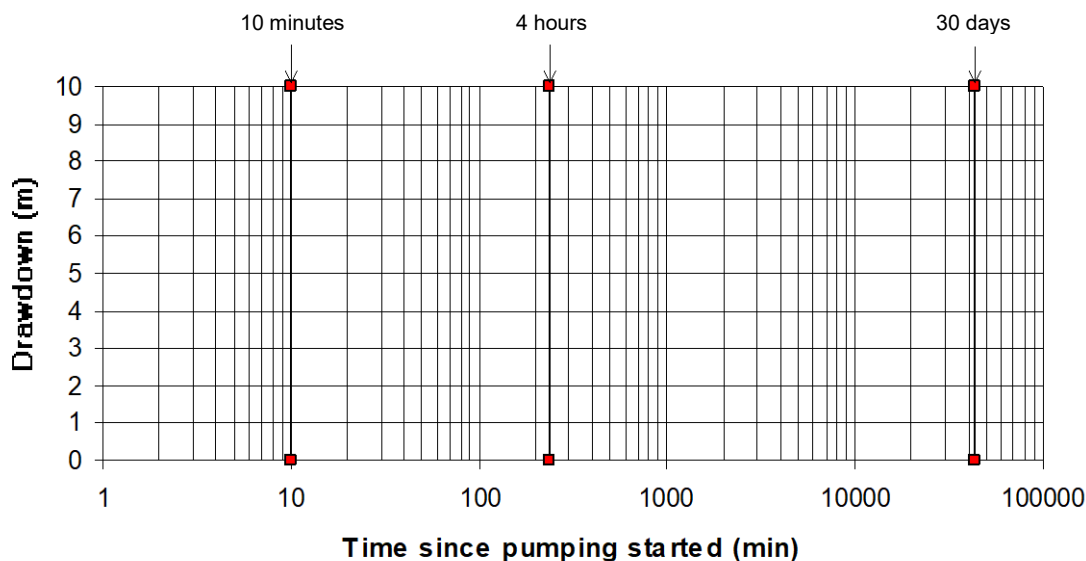
APPLICATION NO: \_\_\_\_\_

WELL ID PLATE NO: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TEST NO: \_\_\_\_\_

SHEET: \_\_\_\_\_ of \_\_\_\_\_



Dp	=	Depth of proposed pump suction	=	_____	m
Dtw	=	Depth of static water level	=	_____	m
S30	=	Drawdown at 30 days	=	_____	m
D	=	Adjustment for seasonal decline	=	_____	m
SF	=	Safety factor	=	1.0	
Qh	=	Pumping rate	=	_____	lpm
Sh1	=	Drawdown at 10 min	=	_____	m
Sh2	=	Drawdown at 4h	=	_____	m

For calculating drawdown values: SL1 =  $(Q_i/Q_h) \times Sh1$

SL2 =  $(Q_i/Q_h) \times Sh2$

	<b>Tests run in</b>	<b>D</b>
Use these estimate minimum adjustments for seasonal decline (D) if other local data or hydrogeologist's opinion is not available:	Aug Sep Oct	2.0 m
	Nov Dec Jan May Jun Jul	4.0 m
	Feb Mar Apr	6.0 m

Minimum available drawdown =  $D_p - (D_{tw} + S_{30} + D + SF)$  = \_\_\_\_\_ m

If the calculated minimum available drawdown is negative, then either the pump has to be set lower or the well is not capable of supplying water for a house.



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# STANDARD FORM F5 WELL PUMP - TEST SUMMARY

OWNER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICATION NO: \_\_\_\_\_

WELL ID PLATE NO: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TEST NO: \_\_\_\_\_

SHEET: \_\_\_\_\_ of \_\_\_\_\_

### Well Completion Date

### Screen Design (mark one)

### Local Name & Description of Aquifer

Depth \_\_\_\_\_ m

Open Hole     Slotted Casing

\_\_\_\_\_

Diameter \_\_\_\_\_ mm

Screen     Gravel Pack

\_\_\_\_\_

Static Water Level \_\_\_\_\_ m

Other \_\_\_\_\_

\_\_\_\_\_

Screen interval \_\_\_\_\_ m to \_\_\_\_\_ m

\_\_\_\_\_

### Pump Test

Start:    Date (d/m/y) \_\_\_\_\_

Time (h:m) \_\_\_\_\_

Pump Type:

Elect submersible     Jet     Air lift

Other (describe): \_\_\_\_\_

Test pump set at \_\_\_\_\_ m below ground

Water level sounded by:

Electric tape     Air bubbler     Steel tape

Other (describe): \_\_\_\_\_

Flow measured by::

Container & Watch     Flow meter     Orifice & tube

Other (describe): \_\_\_\_\_

### Test

### Water Samples Taken During Test

Initial non-pumping level \_\_\_\_\_ m

Chemical Analysis     Yes     No

Constant rate of yield \_\_\_\_\_ lpm

Bacterial Analysis     Yes     No

Pump Test duration \_\_\_\_\_ h

Water Temperature \_\_\_\_\_ °C

Drawdown at end of test \_\_\_\_\_ m

Any particular gas smells noted

Recovery duration \_\_\_\_\_ h

Level at end of test \_\_\_\_\_ m

Comments on clarity of water:

Recommended pumping rate \_\_\_\_\_ lpm

\_\_\_\_\_

\_\_\_\_\_

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_