

**FOR OFFICE USE ONLY**

Application No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_



**Municipality of Shuniah  
COMMITTEE OF ADJUSTMENT**

**GROUNDWATER WELL QUANTITY CERTIFICATE**

This form is to be completed by the Licensed Well Technician responsible for testing to determine the quantity of water produced by the groundwater well for which the below well tag number is submitted for the purpose of creating a new lot.

Well Tag Number: \_\_\_\_\_

Property Location: \_\_\_\_\_

*Municipal Address, or  
legal description /reference plan  
identifier if no address exists*

Date Test Performed: \_\_\_\_\_

Well Type:  DRILLED  
 DUG

**MINIMUM PUMPING CAPACITY IN 1<sup>st</sup> HOUR**

The well pumped at no less than an average of 18 litres (4 gallons) per minute for the first hour for a minimum total of 1,080 litres (240 gallons).

Does the groundwater well meet the above criteria?

Yes  
 No

**LICENSED WELL TECHNICIAN DECLARATION**

I, \_\_\_\_\_ of the City of \_\_\_\_\_ am a Licensed  
Print Name Please Print  
Well Technician in the Province of Ontario and certify that all the statements contained herein are true

\_\_\_\_\_  
Signature of Licenced Well Technician

\_\_\_\_\_  
Licence Number

\_\_\_\_\_  
Date