



Water Act  
Ground Water Protection Regulation  
s. 6.9, Schedule 3

**WELL CLOSURE REPORT**

Name of Applicant: \_\_\_\_\_

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

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

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

\_\_\_\_\_

PID: \_\_\_\_\_

Geographic Coordinates for the well recorded to a precision of within 33 feet (10 m)

\_\_\_\_\_

Location Map Sketch or location description of the well on the property:

Attached Yes  No

Reason for closure:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Well Identification Plate Number (if known) \_\_\_\_\_

If applicable, attach copy of the well construction report (well record) Yes  No

Depth and diameter of Well: \_\_\_\_\_

Method of drilling well (eg. Excavated, drilled or driven) \_\_\_\_\_

Diameter of well casing or liner and composition of material

\_\_\_\_\_

Method of Closure:

\_\_\_\_\_

If applicable, an attached copy of the written confirmation of any alternative specifications, and the alternative specifications, of the engineer or qualified professional:

Attached Yes  No

Details of the closure describing the depths, types and amounts of sealant and backfill material:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of person completing work:

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

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

Telephone Number: \_\_\_\_\_

Name, address and telephone number of person supervising completion of the work:

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

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

Telephone Number: \_\_\_\_\_

Date of commencement and date of completion of the work:

\_\_\_\_\_

Date of Commencement

\_\_\_\_\_

Date of Completion

**SIGNED:** \_\_\_\_\_

Signature of Property Owner

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