

**Form F-3 Private Well Certification**

PURSUANT TO The District of Mission *Subdivision/Development* Bylaw 5650-2017, which requires that each lot to be created by *subdivision*, including that on which a dwelling may exist, can be serviced with potable water in accordance with the requirements of the Bylaw;

For the *Subdivision/Development* of the following property/properties:

LEGAL DESCRIPTION: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_ OWNER(s):

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 *subdivision*.

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

I certify that the withdrawal of the above daily quantities of water will not adversely affect the long term stability of the aquifer and that each well will be capable of delivering these quantities of water at all times of the year.

I certify that none of the wells within the *subdivision* will have an adverse impact on any other wells within or in the vicinity of the *subdivision*.

I certify that water quality tests have been conducted on water samples I or someone under my direct supervision have drawn from each of the above noted wells and that the resulting concentrations of all health related parameters do not exceed the Maximum Acceptable Concentrations established in the Guidelines For Canadian Drinking Water Quality.

I further certify that, with respect to aesthetic parameters either; (check applicable item)

measured concentrations of aesthetic parameters do not exceed the Maximum Acceptable Concentrations established in the Guidelines For Canadian Drinking Water Quality;

or

I have attached a detailed statement of the potential impact of each aesthetic parameter which exceeds the Maximum Acceptable Concentration established in the Guidelines For Canadian Drinking Water Quality on the health of persons drinking the water.

Certified By (Name of Groundwater Professional)

Address

**PROFESSIONAL ENGINEER/GEOPHYSICIST  
SEAL**

**Attach copy of water analysis and recommendation**