

Application for Groundwater Exploration Permit

Freedom of Information and Protection of Privacy

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* as it relates directly to and is necessary for an application for a permit under subsection 2(2) of the *Water Act* Water Withdrawal Regulations to construct a well to explore for a groundwater source. If you have any questions about this collection of personal information, you may contact the Manager of the Water and Air Monitoring Section, 11 Kent Street, Charlottetown, PE C1A 7N8, (902) 368-5054.

Please supply as much information as possible.

Incomplete forms may be rejected, returned or result in a delayed response.

1. Applicant Information (Applicant will become the permit holder)							
Applicant:							
Contact Name:							
Mailing Address:							
City/town:		Province:		Postal Code:			
Tel:	Cell:		Email:				
2. Contact Information (if not the applicant)							
Applicant:							
Contact Name:							
Mailing Address:							
City/town:		Province:		Postal Code:			
Tel:	Cell:		Email:				
3. Property Owner Info	ormation (Check	box if property	y owner is same as	s applicant: 🔲)			
Applicant:							
Contact Name:							
Mailing Address:							
City/town:		Province:		Postal Code:			
Tel:	Cell:	1	Email:				

Community:				Property Number:					
Northing/Latitude:				Easting/Longitude:					
5. Pro	pos	ed Well Specification	ns and	d Water	Quality F	Requir	emei	nts	
Purpose of Well(s):				Well Driller's Name:					
Special Re	equir	ements (Fresh\Salt\Oth	er):		ı				
Well Num	ber			e Öne) (Circle One) ((Cir	ing Length cle One) r m):	Proposed Pumping Rate (igpm):	
Nell #1									
Well #2									
Nell #3									
If more than 3 wells are proposed, or if water sup than a drilled well, please attach details of system					other Total Proposed Average Pump Rate (igpm):		umping		
		pated Pumping Sch	edule						
Vell #1	Ho	Hours/day:		Days/w	Days/week:			Months/Year:	
Vell #2	Ho	ours/day:		Days/week:				Months/Year:	
Well #3	Hoi	ours/day:		Days/week:			Months/Year:		
7. N	umb	er of Wells Within 5	500 Met	tre Rad	ius				
Domestic:				Con	nmercial/Ind	dustrial	:		
		ons must be accompan location of the test well,							
If the ap acknowl	plica edge	erty Owner's Signatu nt/permit holder is not t that the applicant has applied for.	he prop						
for a we permit. of Envir	ll on I und onme	owner, I confirm that I g my property indicated a derstand that this permi ent, Energy and Climate thdraw this permission	above ar ssion wi e Action	nd to cor III be con in writing	nstruct and sidered to	test sa be give	id we. en unt	ll as will be o il such time a	lescribed in the as I inform the De
Property	Own	ner's Signature:					D	ate:	
Applicant	t's Si	ignature:					D	ate:	

Type of Permit		Fee (\$)
	Groundwater exploration permit	50
	Groundwater exploration permit extension	25

Make cheques payable to Minister of Finance

Send completed application form to:

Hydrogeologist
Department of Environment, Energy and Climate
Action 11 Kent Street
PO Box 2000
Charlottetown, PE C1A 7N8

Phone: (902) 368-4668 Fax: (902) 368-5830