



# Application for a Well Permit

Pursuant to subsection 5(1) of the *Water Act*  
Well Construction Regulations

Personal information on this form is collected under Subsection 6(4) of the *Water Act* and Section 31 of the *Freedom of Information and Protection of Privacy Act*. Personal information collected will be used for the purposes of assessing your application for a permit that is necessary for the construction of new water/geothermal wells. For information on the collection, use or disclosure of this information, contact the Drinking Water & Wastewater Management section, 11 Kent Street, PO Box 2000, Charlottetown, PE C1A 7N8 (902.368.5014).

## Section 1 – Installation Site / Owner Information

Property ID No.:	
Owner name:	Intended date of installation (dd/mm/yyyy):
Address:	
Municipality:	
Province:	Postal code:
Phone:	Email address:

## Section 2 – Well Contractor Information

Business/Contractor name:	
Licensed well driller's name:	
Phone:	Email address:

## Section 3 – Reason for Application

<p>Construction in restricted area</p> <p>Construction to vary from regulation requirements</p> <p>More than 5 closed loop geothermal wells, or a total collective length of 250m closed loop wells to be constructed at a single site</p>
Describe variation of location or construction:

## Section 4 – Well Information

Well type:	Drilled	Other:			
Well depth (m):	Well diameter (cm):	Casing length (m):			
Facility type:	Residential	Commercial	Industrial	Other:	
Grouting material:	Thermal Enhanced Bentonite Slurry	Bentonite Slurry	Thermal Enhanced Cement	Concrete	Other:

**Section 5 – Closed-loop Geothermal Well Specifics**

Number of vertical loops:

Piping dimensions diameter:                      cm to:                      m depth

Bore dimensions diameter:                      cm to:                      m depth

**Section 6 – Additional Information (Attach to Application)**

Site Sketch

Permit Fee (\$25 HST exempt)

**Section 7 – Signature**

By signing this form, you acknowledge the information supplied is accurate and true.

Applicant Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**Section 8 – Department Contact**

Ben Lanigan – Drinking Water and Wastewater Supervisor  
Telephone: ..... 902.368.5043  
Fax: ..... 902.368.5830  
Email: ..... bpklanigan@gov.pe.ca