



1. PROPERTY OWNER INFORMATION

Surname		Given name	
Address (number, street)			
City		Province	Postal code
Phone	Cellphone/office		E-mail

2. MANDATORY INFORMATION (IF APPLICABLE)

Surname		Given name	
Company			
Address (number, street)			
City		Province	Postal code
Phone	Cellphone/office		E-mail

3. ADDRESS OF WORK (IF DIFFERENT)

Address	Lot number
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4. CONTRACTOR INFORMATION

Surname		Given name	
Company			
Address (number, street)			
City		Province	Postal code
Office phone	Fax		E-mail
RBQ #		NEQ #	

5. TYPE OF WELL

<input type="checkbox"/> Surface well	<input type="checkbox"/> Tubular well
<input type="checkbox"/> Sand point	<input type="checkbox"/> Sealed tubular well
<input type="checkbox"/> Spring water tap/spring catchment	<input type="checkbox"/> Sealed tubular well under the supervision of a professional
Desired pumping capacity (m ³ / day)	
m ³ _____	Located on the shoreline of a waterway ?
	<input type="checkbox"/> NO <input type="checkbox"/> YES
Located in a flood plain?	Flooding reoccurrence :
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> 20 years <input type="checkbox"/> 100 years <input type="checkbox"/> non identified

6. LOCATION

Distance, in meters, between the projected well and the following elements:

Sealed waste water treatment system	_____ m	<input type="checkbox"/> N/A
Unsealed waste water treatment system	_____ m	<input type="checkbox"/> N/A
Compost facility	_____ m	<input type="checkbox"/> N/A
Paddock	_____ m	<input type="checkbox"/> N/A
Breeding facility	_____ m	<input type="checkbox"/> N/A
Animal waste storage site	_____ m	<input type="checkbox"/> N/A
Cultivated land	_____ m	<input type="checkbox"/> N/A
Pasture	_____ m	<input type="checkbox"/> N/A
Cemetery	_____ m	<input type="checkbox"/> N/A

7. COST ESTIMATION:

\$ _____

8. AUTHORIZATION – BILL 25 (PROTECTION OF PERSONAL INFORMATION)

Do you consent to the Municipality of the Township of Hemmingford disclosing personal information about you to the appraisers mandated by the MRC des Jardins-de-Napierville, strictly necessary for the completion of their property assessment mandate, in accordance with the Act respecting the protection of personal information and Law 25?

Please check your consent:

- Yes, I consent
- No, I do not consent

9. SIGNATURE

Signature: _____ Date : _____
(dd-mm-yyyy)

DOCUMENTS TO BE PROVIDED

- ❑ Plan
a plan indicating the location of the following elements (within 30m of the projected well):
 - the location of the projected well;
 - the type of well;
 - the distance between the projected well and all septic installation present (on the lot in question or on neighbouring lots);

The following document may also be necessary:

- ❑ Procuration
Form to be filled out and submitted should the request be made by a mandatory or authorized person

Please take note the information provided for the delivery of this permit can be used by evaluators.

NB Unofficial translation. The French version remains the official text and prevails in the case of a discrepancy.

