

**CERTIFICATE OF AUTHORIZATION APPLICATION FORM – WATER SAMPLING  
(ANNEX 3)**

The general form and the relevant annex (s) must be completed, and the required documents must be attached to the forms

**Identification of the well digger**

|                   |       |                             |       |
|-------------------|-------|-----------------------------|-------|
| Company name:     | _____ | Name of person responsible: | _____ |
| Address:          | _____ |                             |       |
| Telephone number: | _____ | Others:                     | _____ |
| Email:            | _____ | RBQ license number:         | _____ |

**Project information**

|                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> New project | <input type="checkbox"/> Surface                          | <input type="checkbox"/> Modification to an existing project |
| Well type                            | <input type="checkbox"/> Tubular                          | <input type="checkbox"/> Watercourse                         |
| The well will serve:                 | <input type="checkbox"/> Less than 20 people              | <input type="checkbox"/> Filter point                        |
| Well capacity:                       | <input type="checkbox"/> Less than 75 m <sup>3</sup> /day | <input type="checkbox"/> More than 20 people                 |
| Water use:                           | <input type="checkbox"/> Human consumption                | <input type="checkbox"/> More than 75 m <sup>3</sup> /day    |
| Is there a well on your property?    | <input type="checkbox"/> Yes                              | <input type="checkbox"/> Heating                             |
|                                      | <input type="checkbox"/> No                               | <input type="checkbox"/> Other                               |
|                                      |   | If so, will you keep it or close it?                         |
|                                      |   | <input type="checkbox"/> Keep                                |
|                                      |   | <input type="checkbox"/> Close                               |

**Documents required**

Layout sketch prepared by the well digger or the layout provided for the plans of the septic system

Drilling report (no later than 30 days after the work)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date