

## General Instructions and Explanations for completing a Well Record

A completed electronic Well Record Form must be delivered to the well purchaser and the owner of the land on which the well is situated within 14 days after the date on which the well's structural stage is complete. The electronic Well Record must also be forwarded within 30 days after the date on which the well's structural stage is complete to the ministry through email to the following email address: [WellRecordSubmission@ontario.ca](mailto:WellRecordSubmission@ontario.ca)

### False and Misleading Information

Subsection 98(2) of the *Ontario Water Resources Act*, R.S.O. 1990 c. O. 40, states that:

"No person shall orally, in writing or electronically, give or submit false or misleading information in any statement, document or data, to any provincial officer, the Minister, the Ministry or the Agency, any employee in or agent of the Ministry or the Agency, or any person involved in carrying out a program of the Ministry or the Agency in respect of any matter related to this Act or the regulations."

Further, subsection 98(3) of the Act states that:

"No person shall include false or misleading information in any document or data required to be created, stored or submitted under this Act."

### Measurements

All measurements must be recorded in the specified unit, metric or imperial by checking off the applicable box on the top of the form. You must use the checked unit consistently throughout the well record. Measurements must be reported to 1/10th of a metre if the unit is a metre. All measurements of depth must be referenced to ground surface.

### Well Owner's Information

A "well owner" means the owner of land upon which a well is situated and includes a tenant or lessee of the land and a well purchaser. If the "well owner" is an individual, record the owner's last name and first name or if the "well owner" is a business, government or other organization, record the name in the "organization" area.

### Well Location

Street Number/Name and City/town/Village must be provided, if available.

Geographic Township, Concession and Lot must be reported if the well is located in an area where such information exists.

UTM Coordinates must be recorded each time a Well Record is completed. Click the button [Test UTM in Map] to use the UTM Coordinates to plot the location to Google map. This allows verification of the UTM Coordinates. This will also automatically populate the County/District.

Municipal Plan and Sublot Number may be provided, if available.

### Overburden and Bedrock Materials

For each formation encountered during construction, choose words from the lists that best describe the formation on the basis of general colour, most common material, other materials, and general description of the formation.

General Colours are White, Yellow, Grey, Brown, Blue, Red, Green and Black.

Examples of Materials are: Fill, Silt, Top Soil, Coarse Sand, Slate, Muck, Gravel, Limestone, Dolomite, Quartzite, Peat, Stones, Fine Sand, Shale, Granite, Clay, Boulders, Medium Sand, Sandstone, and Greenstone.

Some definitions are as follows:

- Clay: Composed of very fine particles. Forms dense hard lumps or clods when dry and a very elastic putty-like mass when wet. It can be rolled between fingers to form a long, flexible ribbon.
- Silt: Grain size, midway between sand and clay. It may form clods which, when broken, feel soft and floury. When moist, it will form a cast that can be handled freely without breaking. Rolled between thumb and finger, it will not "ribbon" but will give a broken appearance.

- Sand: Grains are loose and granular and may be seen and felt readily. Squeezed in the hand when dry, it falls apart when the pressure is released. Squeezed when moist, it will form a cast that will crumble when touched. Should be listed as fine sand, medium sand or coarse sand.
- Gravel: Rock fragments greater than 0.3 cm in diameter.

Examples of General Descriptions are Loose, Cemented, Previously Dug or Bored, Porous, Layered, Previously Drilled, Dense, Soft, Wood Fragments, Packed, Hard.

### **Abandonment**

To report abandonment of a well, check off the applicable box in Type on the top of the form. Details of abandonment must be recorded in the Abandonment and Sealing Section. Additional comments may be entered in the comments box under the Information section.

### **Annular Space**

Record all material placed in the annular space around the single casing or around the permanent outer casing. If the well is a telescoped well [i.e., a well with an outer casing and inner casing(s)] or if the well is a multi-level nested test hole, report the depth from, depth to, material and volume placed for the annular space between two different sized casings or between the inner casing(s) and the side of the well in the “Comments” area of this electronic well record form.

### **Method of Construction**

If the equipment used to construct the well is not on the list, check “Other (specify)” and record the type of equipment, check each equipment that applies.

### **Well Use**

If the well’s use is not provided on the list, check “Other (specify)” and record the use of the well. If the well has multiple uses, check each use that applies.

### **Status of Well**

If the well’s status is not provided on the list, check “Other (specify)” and record the use of the well. If the well has multiple statuses, check each use that applies.

### **Construction Record – Casing and Open Hole**

Use negative values to report the top of casing above ground surface. For example, if the top of the casing is 0.4 metres above the ground surface and the bottom of the casing 6.0 metres below the ground surface, record the casing “Depth From” as -0.4.

If the top of casing is located below the ground surface (e.g., if a test hole is constructed and the top of casing is located below the ground surface in a flush mounted well vault), report the top of the casing from below ground surface. For example, if the top of the casing is 0.1 metres below the ground surface and the bottom of the casing is 6 metres below the ground surface, record the casing “Depth From” as 0.1.

**Note:** If a drive shoe is used, the shoe is considered casing and it must be reported if the shoe has a different inside diameter thickness.

If a portion of the well was created an open hole, record the location of the open hole on a separate row, including the diameter and the depth (top and bottom of open hole) from the ground surface.

### **Construction Record – Well Screen**

A “well screen” means perforated pipe or tubing, unsealed concrete tiles or other material installed in a well to filter out particulate matter and form the water intake zone. Therefore, the length of a well screen includes any slotted or perforated area and unsealed area of pipe or tiles.

### **Water Details**

- if groundwater was located, record the depth from the ground surface to the location of the groundwater resource, and
- record if the groundwater quality is “Untested,” “Fresh” (i.e., not salty), or “Other (specify).” If “Other (specify)” is recorded, use the “Other (specify)” dropdown list to select the type of groundwater (e.g., salty, blackish water, yellowish water, mineralized, etc.).

Check off “Gas” if natural gas was encountered during well construction.

**Note:** Natural gas encounters need to be immediately reported to the ministry at 1-800-268-6060, well purchaser and the owner of the land.

### Results of Well Yield Testing

Check off “Pumping Discontinued” if pumping was discontinued before 1 hour of continuous pumping. Explain the reason why pumping was discontinued or in some cases not performed (e.g., the well went dry, impossible to install pump in small diameter well, static water level from test hole or dewatering well was obtained and is reported instead of completing a yield test etc.).

**Note:** Equipment breakdown is not an acceptable reason for checking off “Pumping Discontinued” on the well record form. If groundwater in the well is flowing out of the well, provide the rate of flow, and check off “Flowing Well” (i.e., static water level above the ground surface).

In the “Results of Well Yield Testing” section of the well record form, record:

- the depth to the intake of the pump,
- the rate of pumping and duration of pumping period during the yield test,
- the final water level when pumping stops,
- water level measurements made during pumping (drawdown) and recovery. All water level measurements must be referenced from below the ground surface for each time interval specified in the drawdown and recovery boxes.

If the water level measurements remain the same over a period of time, continue to measure and report the same water level measurement for the remaining pumping or recovery time intervals.

If pumping continuously for at least 1 hour, but the design of the well does not allow for water level measurements (e.g., driven point well), the person constructing the well is not required to report drawdown or recovery water level measurements.

### Map of Well Location

In the “Map of Well Location” section of the well record form, click the map area to attach a map of the well location. The map must show sufficient information to locate the well, including:

- a mark on the map showing the well,
- a scale on the map, and
- where available, the name of the structure, street or surface water body nearest to the well.

Note: More than one map can be added to the well record form by clicking on “Add Map (+)” to add an additional map.

### Information

Record any additional information (e.g., observations, tests, additional licensed well technicians who worked on the well, additional annular space details for a telescoped well or a multi-level nested test hole, reasons for not providing a well owner information package) in the comments area.

### Declaration

Check the declaration statement to confirm that the person constructing the well agrees with the following statement: “I hereby confirm that I am the person who constructed the well and I hereby confirm that the information on the form is correct and accurate”.

### Validate

Click the validate button. If there is no missing information, you will be asked to enter the well tag again to make sure the well tag is entered correctly (only enter the numeric portion of the tag number). The audit number will then be changed from “**incomplete**” to an assigned audit number. The signature field will then be available. Click on “signature” to enter the well technician’s electronic signature. For instructions on how to create an electronic signature, please visit the Adobe Digital IDs website using the following link: <https://helpx.adobe.com/acrobat/using/digital-ids.html>

## Notice of Collection of Personal Information

Personal information contained on this form is collected pursuant to sections 35-50 and 75(2) of the *Ontario Water Resources Act* and section 16.3 of the Wells Regulation. This information will be used for the purpose of maintaining a public record of wells in Ontario. This form and the information contained on the form will be stored in the Ministry's well record database and made publicly available. Questions about this collection should be directed to the Water Well Customer Service Representative at the Wells Help Desk, 125 Resources Road, Toronto Ontario M9P 3V6, at 1-888-396-9355 or [wellshelpdesk@ontario.ca](mailto:wellshelpdesk@ontario.ca).

Fields marked with an asterisk (\*) are mandatory.

Well Tag Number \*

[Help](#)

A401951

### Type \*

☒ Construction ☐ Abandonment

### Measurement recorded in: \*

☐ Metric ☒ Imperial

## 1. Well Owner's Information

Last Name and First Name, or Organization is mandatory. \*

|                                         |               |
|-----------------------------------------|---------------|
| Last Name                               | First Name    |
| Organization<br>1000525725 Ontario Inc. | Email Address |

### Current Address

|                   |                       |                               |                                |
|-------------------|-----------------------|-------------------------------|--------------------------------|
| Unit Number       | Street Number *<br>30 | Street Name *<br>Water St. N. | City/Town/Village<br>Kitchener |
| Country<br>Canada | Province<br>ON        | Postal Code<br>N2H 5A8        | Telephone Number               |

## 2. Well Location

### Address of Well Location

|                           |                         |                                  |                                                                     |
|---------------------------|-------------------------|----------------------------------|---------------------------------------------------------------------|
| Unit Number               | Street Number *<br>1665 | Street Name *<br>Scotch Line Rd. | Township                                                            |
| Lot                       | Concession              | County/District/Municipality     |                                                                     |
| City/Town<br>Elmira       | Province<br>Ontario     | Postal Code                      |                                                                     |
| UTM Coordinates<br>NAD 83 | Zone *<br>17            | Easting *<br>536799              | Northing *<br>4824727                                               |
|                           |                         |                                  | Municipal Plan and Sublot Number<br><a href="#">Test UTM in Map</a> |

Other

## 3. Overburden and Bedrock Material \*

|                      |                      |                 |                     |            |          |
|----------------------|----------------------|-----------------|---------------------|------------|----------|
| Well Depth *<br>22.5 | (ft)                 |                 |                     |            |          |
| General Colour       | Most Common Material | Other Materials | General Description | Depth From | Depth To |

|       |      |      |        |      |      |   |
|-------|------|------|--------|------|------|---|
|       |      |      |        | (ft) | (ft) |   |
| Brown | Sand |      | Loose  | 0    | 5    | - |
| Grey  | Clay | Silt | Packed | 5    | 22.5 | - |

Add Row (+)

#### 4. Annular Space \*

| Depth From<br>(ft) | Depth To<br>(ft) | Type of Sealant Used (Material and Type) | Volume Placed<br>(cubic feet) |   |
|--------------------|------------------|------------------------------------------|-------------------------------|---|
| 0                  | 11.5             | Bentonite                                | 1.9                           | - |
| 11.5               | 22.5             | Sand Pack                                | 1.8                           | - |

Add Row (+)

#### 5. Method of Construction \*

☐ Cable Tool    ☐ Rotary (Conventional)    ☐ Rotary (Reverse)    ☐ Boring    ☐ Air percussion    ☐ Diamond  
☐ Jetting    ☐ Driving    ☐ Digging    ☐ Rotary (Air)    ☒ Augering    ☐ Direct Push  
☐ Other (specify) \_\_\_\_\_

#### 6. Well Use \*

☐ Public    ☐ Industrial    ☐ Cooling & Air Conditioning  
☐ Domestic    ☐ Commercial    ☐ Not Used  
☐ Livestock    ☐ Municipal    ☒ Monitoring  
☐ Irrigation    ☐ Test Hole    ☐ Dewatering  
☐ Other (specify) \_\_\_\_\_

#### 7. Status of Well \*

☐ Water Supply    ☐ Replacement Well    ☐ Test Hole  
☐ Recharge Well    ☐ Dewatering Well    ☒ Observation and/or Monitoring Hole  
☐ Alteration (Construction)    ☐ Abandoned, Insufficient Supply    ☐ Abandoned, Poor Water Quality  
☐ Abandoned, other (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

#### 8. Construction Record - Casing \* (use negative number(s) to indicate depth above ground surface)

| Inside Diameter<br>(in) | Open Hole or Material (Galvanized, Fibreglass, Concrete, Plastic, Steel) | Wall Thickness | Depth From<br>(ft) | Depth To<br>(ft) |   |
|-------------------------|--------------------------------------------------------------------------|----------------|--------------------|------------------|---|
| 2                       | Plastic                                                                  | 0.2            | 0                  | 12.5             | - |

Add Row (+)

#### 9. Construction Record - Screen

| Outside Diameter<br>(in) | Material<br>(Plastic, Galvanized, Steel) | Slot Number | Depth From<br>(ft) | Depth To<br>(ft) |   |
|--------------------------|------------------------------------------|-------------|--------------------|------------------|---|
| 2.5                      | Plastic                                  | 10          | 12.5               | 22.5             | - |

Add Row (+)

## 10. Water Details

Water found at Depth (ft) ☐ Gas Kind of water ☐ Fresh ☐ Untested ☐ Other

[Add Water Details \(+\)](#)

## 11. Hole Diameter

| Depth From<br>(ft) | Depth To<br>(ft) | Diameter<br>(in) |
|--------------------|------------------|------------------|
| 0                  | 22.5             | 7.5              |

[Add Row \(+\)](#)

## 12. Results of Well Yield Testing

☐ Pumping Discontinued

Explain \_\_\_\_\_

If flowing give rate

☐ Flowing \_\_\_\_\_ (GPM)

Draw down

| Time (min)       | Static Level | 1 | 2 | 3 | 4 | 5 | 10 | 15 | 20 | 25 | 30 | 40 | 50 | 60 |
|------------------|--------------|---|---|---|---|---|----|----|----|----|----|----|----|----|
| Water Level (ft) |              |   |   |   |   |   |    |    |    |    |    |    |    |    |

Recovery

| Time (min)       | 1 | 2 | 3 | 4 | 5 | 10 | 15 | 20 | 25 | 30 | 40 | 50 | 60 |
|------------------|---|---|---|---|---|----|----|----|----|----|----|----|----|
| Water Level (ft) |   |   |   |   |   |    |    |    |    |    |    |    |    |

After test of well yield, water was

☐ Clear and sand free ☐ Other (specify)

|                                |                                |                                  |                                          |                                                                                       |
|--------------------------------|--------------------------------|----------------------------------|------------------------------------------|---------------------------------------------------------------------------------------|
| Pump intake set at<br>(ft)     | Pumping rate<br>(GPM)          | Duration of pumping<br>hrs + min | Final water level end of pumping<br>(ft) | Disinfected? *<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Recommended pump depth<br>(ft) | Recommended pump rate<br>(GPM) | Well production<br>(GPM)         |                                          |                                                                                       |

## 13. Map of Well Location \*

Map 1. Please Click the map area below to import an image file to use as the map.

☒ Make map area bigger



Add Map (+)

14. Information

|                                                                                                                   |                                     |                                                  |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| Well owner's information package delivered<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date Package Delivered (yyyy/mm/dd) | Date Work Completed (yyyy/mm/dd) *<br>2024/04/01 |
| Comments                                                                                                          |                                     |                                                  |

15. Well Contractor and Well Technician Information

|                                                          |                      |                                                      |                                            |
|----------------------------------------------------------|----------------------|------------------------------------------------------|--------------------------------------------|
| Business Name of Well Contractor *<br>Davis Drilling Ltd |                      | Well Contractor's License Number *<br>7472           |                                            |
| Business Address                                         |                      |                                                      |                                            |
| Unit Number                                              | Street Number<br>873 | Street Name *<br>Nipissing Rd                        |                                            |
| City/Town/Village *<br>Milton                            |                      | Province<br>ON                                       | Postal Code *<br>L9T 4Z4                   |
| Business Telephone Number<br>905-299-6915                |                      | Business Email Address<br>wells@davisdrillingltd.com |                                            |
| Last Name of Well Technician *<br>Frearson               |                      | First Name of Well Technician *<br>George            | Well Technician's License Number *<br>4910 |

16. Declaration \*

☒ I hereby confirm that I am the person who constructed the well and I hereby confirm that the information on the form is correct and accurate.

|                                                                                                                                                                                            |                      |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|
| Last Name<br>Frearson                                                                                                                                                                      | First Name<br>George | Email Address<br>wells@davisdrillingltd.com |
| Signature<br>George Frearson<br> Digitally signed by George Frearson<br>Date: 2024.04.26 12:18:33 -04'00' |                      | Date Submitted (yyyy/mm/dd)<br>2024/04/26   |

17. Ministry Use Only

Audit Number  
HKUI KBM8

|          |           |            |            |
|----------|-----------|------------|------------|
| Validate | Save Form | Print Form | Clear Form |
|----------|-----------|------------|------------|