

Instructions for Completing Form

- * For use in the Province of Ontario only. This document is a permanent legal document. Please retain for future reference.
 * All Sections must be completed in full to avoid delays in processing. Further instructions and explanations are available on the back of this form.
 * Questions regarding completing this application can be directed to the Water Well Help Desk (Toll Free) at 1-888-396-9355.
 * All metre measurements shall be reported to 1/10th of a metre.
 * Please print clearly in blue or black ink only.
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| | Ministry Use Only |
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Well Owner's Information and Location of Well Information

FRONTENAC				BEDFORD				11		3	
RD# / Street Number / Name				City / Town / Village				Site / Compartment / Block / Tract etc.			
#51 WARBER LANE.				GODFREY							
GPS Reading	NAD	Zone	Easting	Northing	Unit Make / Model	Mode of Operation:					
	83	18	37,750	49,392.10	Magellan	☐ Undifferentiated ☐ Differentiated, specify _____ ☒ Averaged					

Log of Overburden and Bedrock Materials (see instructions)

[illegible][illegible]

Plugging and Sealing Record			☒ Annular space	☐ Abandonment
Depth set - Metres		Material and type (bentonite slurry, neat cement slurry) etc.	Volume Placed (cubic metres)	
From	To			
0	6.38	grout Cement Slurry	.36 Cubic M.	

Method of Construction			
☐ Cable Tool	☐ Rotary (air)	☐ Diamond	☐ Digging
☐ Rotary (conventional)	☐ Air percussion	☐ Jetting	☐ Other
☐ Rotary (reverse)	☐ Boring	☐ Driving	
Water Use			
☒ Domestic	☐ Industrial	☐ Public Supply	☐ Other
☐ Stock	☐ Commercial	☐ Not used	
☐ Irrigation	☐ Municipal	☐ Cooling & air conditioning	

Final Status of Well			
☐ Water Supply	☐ Recharge well	☐ Unfinished	☐ Abandoned, (Other) _____
☐ Observation well	☐ Abandoned, insufficient supply	☐ Dewatering	
☐ Test Hole	☐ Abandoned, poor quality	☐ Replacement well	

Well Contractor/Technician Information			
Name of Well Contractor	David Well Drilling Ltd		Well Contractor's Licence No.
Business Address (street name, number, city etc.)	PO Box 69, VERONA, ONT		KOH2WO
Name of Well Technician (last name, first name)	DAVID L CHRIS		Well Technician's Licence No.
Signature of Technician/Contractor	x c David per my young		Date Submitted
			year month day
0508E (08/2008)			2007 10 08

Location of Well

In diagram below show distances of well from road, lot line, and building.
Indicate north by arrow.

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Westport Road

#21 WARBER LANE 1.1 Km

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Audit No. Z 74531	Date Well Completed YYYY 2007 MM 10 DD 14
Was the well owner's information package delivered? ☒ Yes ☐ No	Date Delivered YYYY 2007 MM 10 DD 05

Ministry Use Only									
Data Source					Contractor				
Date Received YYYY MM DD					Date of Inspection YYYY MM DD				
NOV 05 2007									
Remarks					Well Record Number				