

Well Owner Information Package

Protect your health and our shared groundwater

Now that you have a well on your property, you are legally responsible for the proper maintenance and abandonment (plugging and sealing) of your well.

A poorly maintained or improperly abandoned well could result in contaminated well water and groundwater, and it could affect your health.

The following tips will help you protect your well:

- Test the quality of your well water on a regular basis and look for changes in the water's appearance (e.g. colour, taste, odour)
- Keep surface water and foreign materials (e.g. insects and mice) from entering the well by securing the well cap in place and checking your well regularly for signs of rust and wear, cracks, holes or gaps in the well's structure
- If materials get in your well, safely remove them
- Keep ponded water, vehicles, pet waste, salt and fertilizer away from the well
- Make sure the ground around your well slopes away from your well
- Ensure the well is accessible for future repairs and maintain the minimum above ground height (typically 40 cm above the surface)
- Check for and identify abnormal sounds. They could indicate wear on the well's pump, waterlines or electrical cables or other issues
- Check the pump's efficiency. If the pump is continually running or losing pressure, it may be a sign of a crack or hole in the waterlines
- Ensure your septic tank system works and is pumped out regularly to prevent contamination of your well water

For information on testing the quality of your well water, visit:

- publichealthontario.ca (search "water testing") to request a drinking water sample collection kit for free bacterial testing
 - ontario.ca/page/list-licensed-laboratories to find a licensed laboratory for chemical testing (note: laboratories charge a fee for this service)
- Inspecting your well can be dangerous work. If you are not familiar with wells, let an experienced and licensed well technician do the work.

ontario.ca/ministry-environment

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

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.

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>

				(ft)	(ft)
	Sand	Gravel	Stones	0	6
Grey	Granite			6	180
White	Granite			180	200
Grey	Granite			200	220

4. Annular Space *

Depth From (ft)	Depth To (ft)	Type of Sealant Used (Material and Type)	Volume Placed (cubic feet)
0	10	Bentonite (Quick Grout)	1.86
10	20	Cement	1.24

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 *

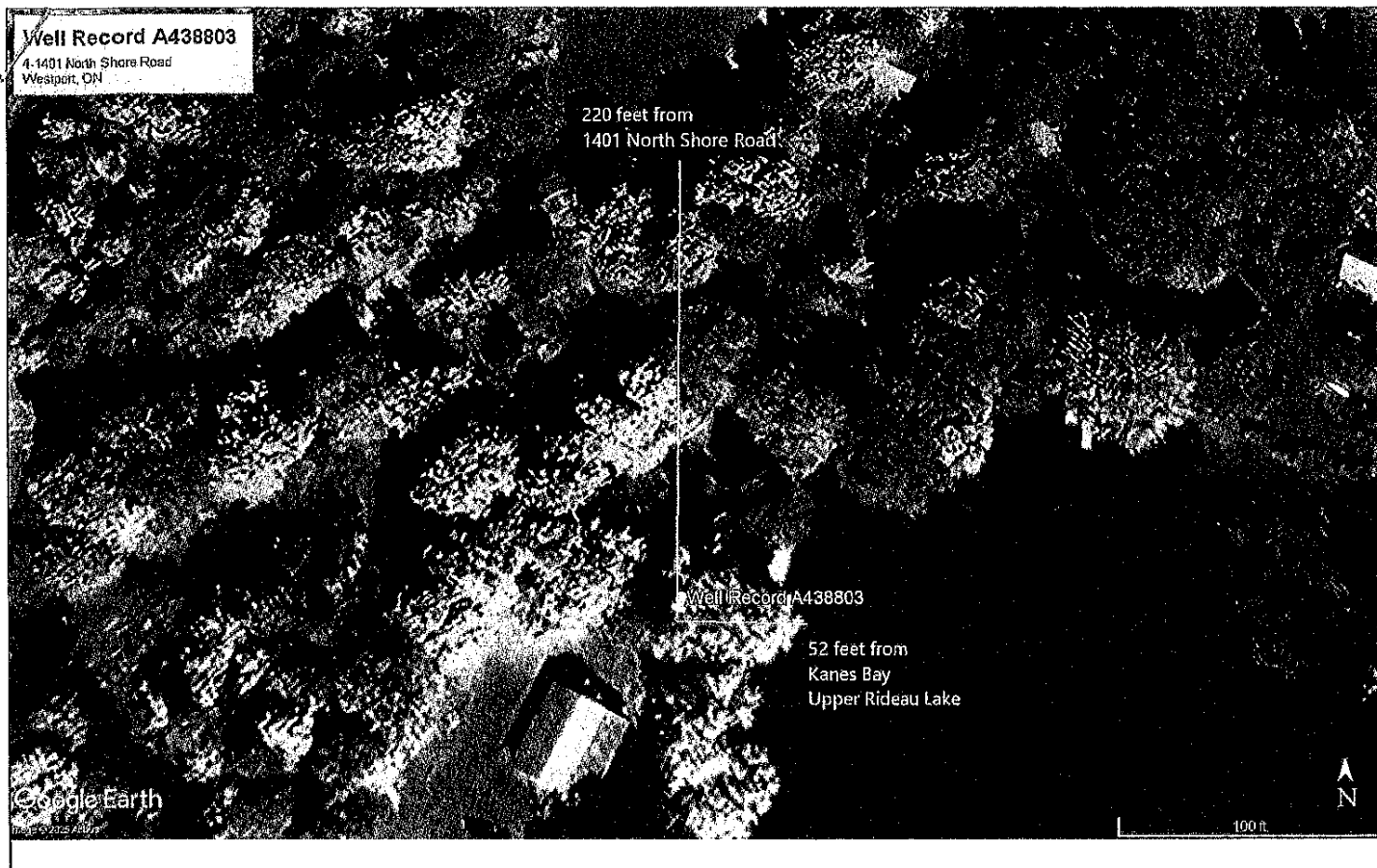
- Public Industrial Cooling & Air Conditioning
 Domestic Commercial Not Used
 Livestock Municipal Monitoring
 Irrigation Test Hole Dewatering
 Other (specify) _____

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 (in)	Open Hole or Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness	Depth From (ft)	Depth To (ft)
6.25	Steel	0.188	-2	20



14. Information

Well owner's information package delivered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered (yyyy/mm/dd) 2025/09/24	Date Work Completed (yyyy/mm/dd) * 2025/09/23
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Comments
Free Chlorine: 100 ppm

15. Well Contractor and Well Technician Information

Business Name of Well Contractor * Wilf Hall & Sons Well Drilling	Well Contractor's License Number * 2558
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Business Address

Unit Number	Street Number 256	Street Name * Hall Shore Road
City/Town/Village * McDonalds Corners	Province ON	Postal Code * K0G 1M0
Business Telephone Number 613-278-0580	Business Email Address info@wilfhallandsons.com	
Last Name of Well Technician * Hall	First Name of Well Technician * Scott	Well Technician's License Number * 2760

16. Declaration *

Class 4 Septic System Application for a Permit to Construct or Demolish
 This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Address Now
 5-BLUNDONS LANE

Application submitted to:



Township of Rideau Lakes
 1439 County Rd 8 Delta ON K0E 1G0
 Tel. 613-928-2251 1-800-928-2250
 Fax. 613-928-3097

Roll # 083183904907300

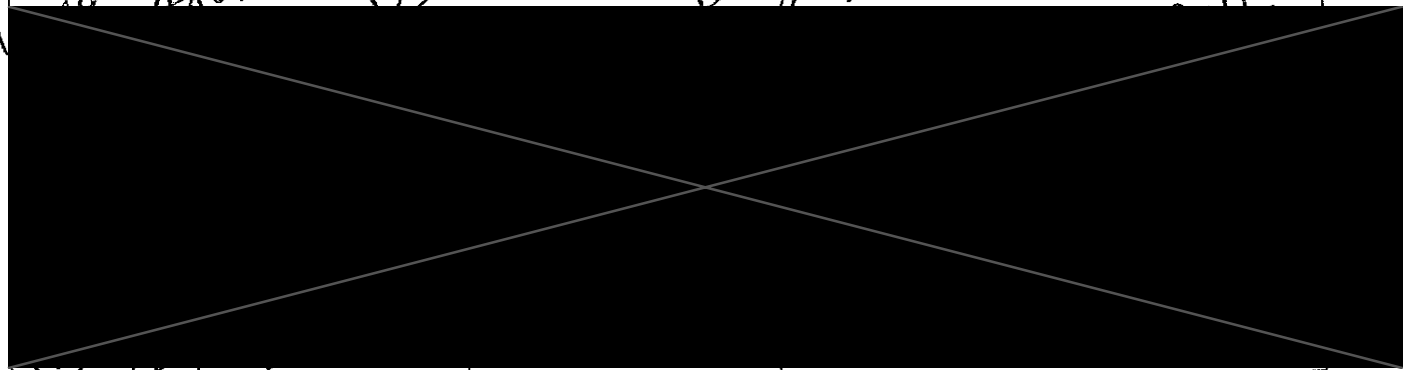
Project information	
Building number, street name	Unit number Lot/con.
4-1401 NORTH Shore Road Westport	NORTH CROSS PLT 8 CON 2
Municipality	Postal code
Rideau Lake	K0G1X0
Plan number/other description	Area of work (m ²)
Project value est. \$	

Purpose of application				
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition to an existing building	<input checked="" type="checkbox"/> Alteration/repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Conditional Permit

Proposed use of building	Current use of building
Cottage	Cottage

Description of proposed work
Address Septic

Mail



Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

OVER

Municipal Address: *Civic #* 4-1401 North Shore Rd, Westport
Legal Description: *Now - 5 Blunsons Lane*
PT LT 8 CON 2 NORTH CROSBY AS
IN LR318868; T/W LR318868;
RIDEAU LAKES

PIN: 44261-0107 (LT)
Roll #
Roll Number: 08 31 839 049 07300 0000

Property Size: .28 AC

**Is the property on a lake or bay Yes
or river:**

**Is the property accessible by a Yes
public or private road:**

**Is there a house or cottage on Yes
the property:**

**Is there some other structure Unknown
on the property:**

Zoning: RW (Waterfront Residential)

Waterfront: Yes

Residential: Yes

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 Rotary (Conventional)
 Rotary (Reverse)
 Boring
 Air percussion
 Diamond
 Jetting
 Driving
 Digging
 Rotary (Air)
 Augering
 Direct Push
 Other (specify) _____

6. Well Use *

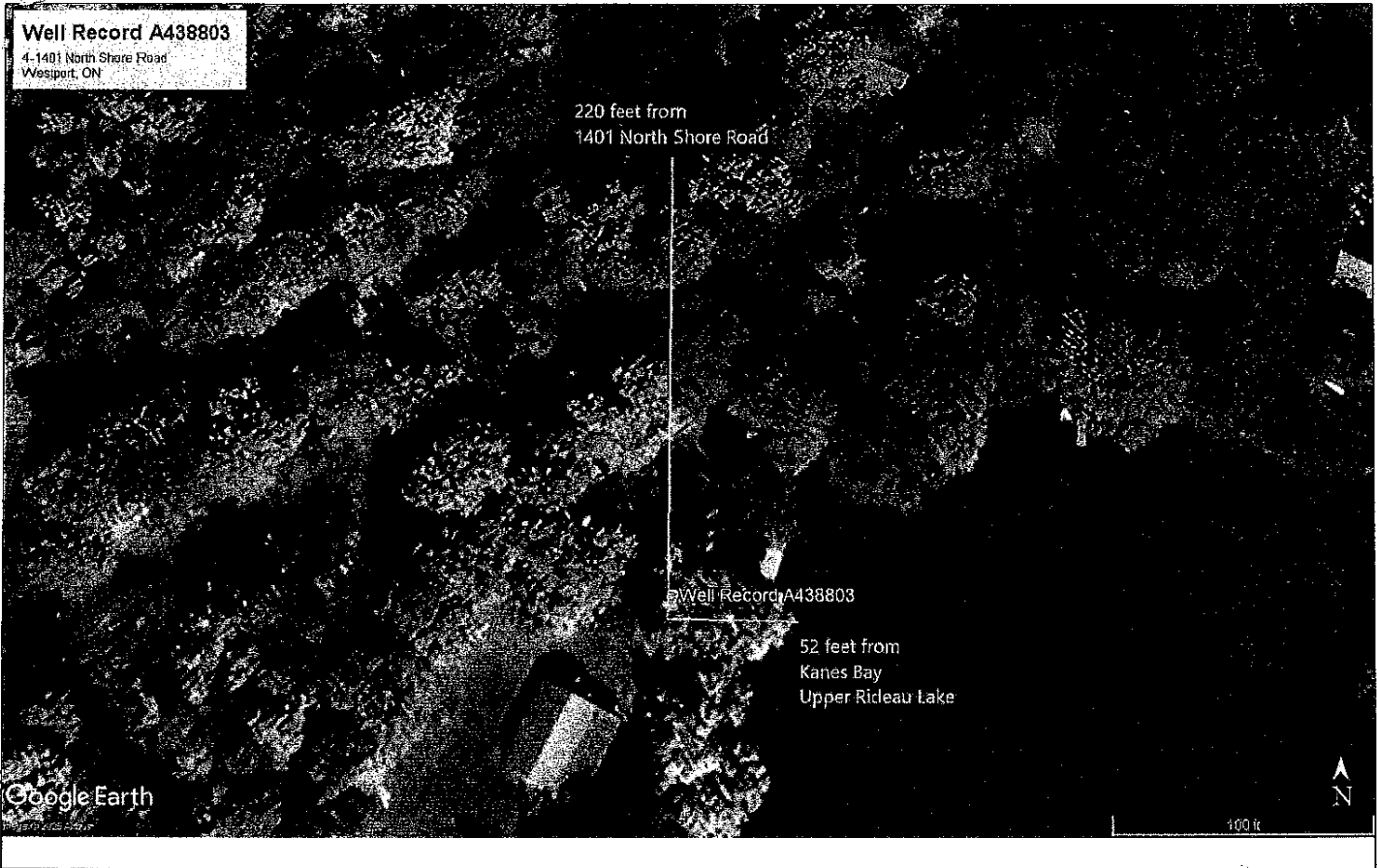
- Public
 Industrial
 Cooling & Air Conditioning
 Domestic
 Commercial
 Not Used
 Livestock
 Municipal
 Monitoring
 Irrigation
 Test Hole
 Dewatering
 Other (specify) _____

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) _____

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Business Name of Well Contractor * Wilf Hall & Sons Well Drilling	Well Contractor's License Number * 2558
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Business Address

Unit Number	Street Number	Street Name *
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City/Town/Village * McDonalds Corners	Province ON	Postal Code * K0G 1M0
Business Telephone Number 613-278-0580	Business Email Address info@wilfhallandsons.com	
Last Name of Well Technician * Hall	First Name of Well Technician * Scott	Well Technician's License Number * 2760

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 Hall	First Name Scott	Email Address info@witfhallandsons.com
Signature Scott Hall	Digitally signed by Scott Hall Date: 2025.09.25 00:18:50 -04'00'	Date Submitted (yyyy/mm/dd) 2025/09/25

17. Ministry Use Only

Audit Number
2PAK EJ8N