

Measurements recorded in: Metric Imperial

Tag#: A357704

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Well Owner's Information

First Name: *Kevin* Last Name/Organization: *Marcell* E-mail Address: *ryrock@telusnet.com* Well Constructed by Well Owner

Mailing Address (Street Number/Name): *1172 1st Rd E* Municipality: *Stone Mills* Province: *Ont.* Postal Code: *K0K1A0A1* Telephone No. (inc. area code): *33280912*

Well Location

Address of Well Location (Street Number/Name): *99 Water Lake Rd* Township: *Stone Mills* Lot: *PT37* Concession: *3*

County/District/Municipality: *Simcoe + Addington* City/Town/Village: *Windsor Windsor East* Province: **Ontario** Postal Code: *K0K1A0A1*

UTM Coordinates: Zone: *18* Easting: *55961* Northing: *4916237* Municipal Plan and Sublot Number: *27205 PT 1.2.3* Other: *RP29R11044*

Overburden and Bedrock Materials/Abandonment Sealing Record (see instructions on the back of this form)

General Colour	Most Common Material	Other Materials	General Description	Depth (m/ft)	
				From	To
<i>grey</i>	<i>sil</i>		<i>soil</i>	0	2
<i>grey</i>	<i>rock</i>		<i>soil</i>	2	4
<i>grey</i>	<i>limestone</i>		<i>soil</i>	4	53

Annular Space

Depth Set at (m/ft)	Type of Sealant Used (Material and Type)	Volume Placed (m³/ft³)
From	To	
<i>5</i>	<i>20</i>	<i>sterite</i>
		<i>7.5</i>

Results of Well Yield Testing

After test of well yield, water was:	Draw Down		Recovery	
	Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
<input checked="" type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, specify _____				
If pumping discontinued, give reason:	Static Level	<i>13.5</i>		<i>16.2</i>
	1	<i>15.2</i>	1	<i>13.8</i>
Pump intake set at (m/ft)	2	<i>15.2</i>	2	<i>13.5</i>
	3	<i>15.6</i>	3	
Pumping rate (l/min / GPM)	4	<i>15.7</i>	4	
	5	<i>15.8</i>	5	
Duration of pumping	10	<i>15.8</i>	10	
	15	<i>15.8</i>	15	
Final water level end of pumping (m/ft)	20	<i>15.8</i>	20	
	25	<i>15.9</i>	25	
If flowing give rate (l/min/GPM)	30	<i>15.9</i>	30	
	40	<i>16</i>	40	
Recommended pump depth (m/ft)	50	<i>16.2</i>	50	
	60	<i>16.2</i>	60	
Recommended pump rate (l/min/GPM)	10			
	Well production (l/min/GPM) <i>10+</i>			
Disinfected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Method of Construction

Cable Tool Diamond Public Commercial Not used

Rotary (Conventional) Jetting Domestic Municipal Dewatering

Rotary (Reverse) Driving Livestock Test Hole Monitoring

Boring Digging Irrigation Cooling & Air Conditioning

Air percussion Industrial Other, specify _____

Construction Record - Casing

Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)		Status of Well
			From	To	
<i>6.25</i>	<i>Steel</i>	<i>.188</i>	<i>+2</i>	<i>20</i>	<input checked="" type="checkbox"/> Water Supply <input type="checkbox"/> Replacement Well <input type="checkbox"/> Test Hole <input type="checkbox"/> Recharge Well <input type="checkbox"/> Dewatering Well <input type="checkbox"/> Observation and/or Monitoring Hole <input type="checkbox"/> Alteration (Construction) <input type="checkbox"/> Abandoned, Insufficient Supply <input type="checkbox"/> Abandoned, Poor Water Quality <input type="checkbox"/> Abandoned, other, specify _____ <input type="checkbox"/> Other, specify _____

Construction Record - Screen

Outside Diameter (cm/in)	Material (Plastic, Galvanized, Steel)	Slot No.	Depth (m/ft)	
			From	To

Water Details

Water found at Depth (m/ft)	Kind of Water: <input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Untested	Depth (m/ft)	Diameter (cm/in)
From	To	From	To
<i>35</i>	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	<i>0</i>	<i>10</i>
<i>50</i>	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	<i>20</i>	<i>6</i>

Well Contractor and Well Technician Information

Business Name of Well Contractor: *52 Well Drilling Inc* Well Contractor's Licence No.: *7181716*

Business Address (Street Number/Name): *5307 Court Rd 4 Enterprise* Municipality: *Stone Mills*

Province: *Ont.* Postal Code: *K0K1A0A1* Business E-mail Address: *ezwell@drillinginc.com*

Bus. Telephone No. (inc. area code): *6134535496* Name of Well Technician (Last Name, First Name): *Al Cobe, Eric*

Well Technician's Licence No.: *4121416* Signature of Technician and/or Contractor: *[Signature]* Date Submitted: *20230615*

Map of Well Location

Please provide a map below following instructions on the back.

Comments:

Well owner's information package delivered: Yes No

Date Package Delivered: *20230615*

Date Work Completed: *20230607*

Ministry Use Only

Audit No.: **2392415**

Received: