

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.

Fields marked with an asterisk (*) are mandatory.

Well Tag Number *
A366398

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
[Redacted]	[Redacted]
Organization	Email Address
York 1 Ltd.	[Redacted]

Current Address

Unit Number	Street Number *	Street Name *	City/Town/Village
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Country	Province	Postal Code	Telephone Number
Canada	Ontario	[Redacted]	[Redacted]

2. Well Location

Address of Well Location

Unit Number	Street Number *	Street Name *	Township
	10439	Croton Line	Camden
Lot	Concession	County/District/Municipality	
		Kent	
City/Town	Province	Postal Code	
Dresden	Ontario	N0P 1M0	
UTM Coordinates	Zone *	Easting *	Northing *
NAD 83	17	403406	4717844
			Municipal Plan and Sublot Number
			Test UTM in Map
Other			
MW-9-D			

3. Overburden and Bedrock Material *

Well Depth *	45	(ft)			
General Colour	Most Common Material	Other Materials	General Description	Depth From	Depth To

				(ft)	(ft)
Brown	Silt	Clay	Silty	0	5
Grey	Clay		Clay	5	30
Grey	Clay	Gravel	Till	30	35
Grey	Sand	Silt	Sandy	35	45

4. Annular Space *

Depth From (ft)	Depth To (ft)	Type of Sealant Used (Material and Type)	Volume Placed (cubic feet)
0	33	Holeplug	10.82
33	45	Sand	3.94

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)
2	Plastic	0.25	-3	35

9. Construction Record - Screen

Outside Diameter (in)	Material (Plastic, Galvanized, Steel)	Slot Number	Depth From (ft)	Depth To (ft)
2	Plastic	10	35	45

10. Water Details

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

11. Hole Diameter

Depth From (ft)	Depth To (ft)	Diameter (in)
0	45	8

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

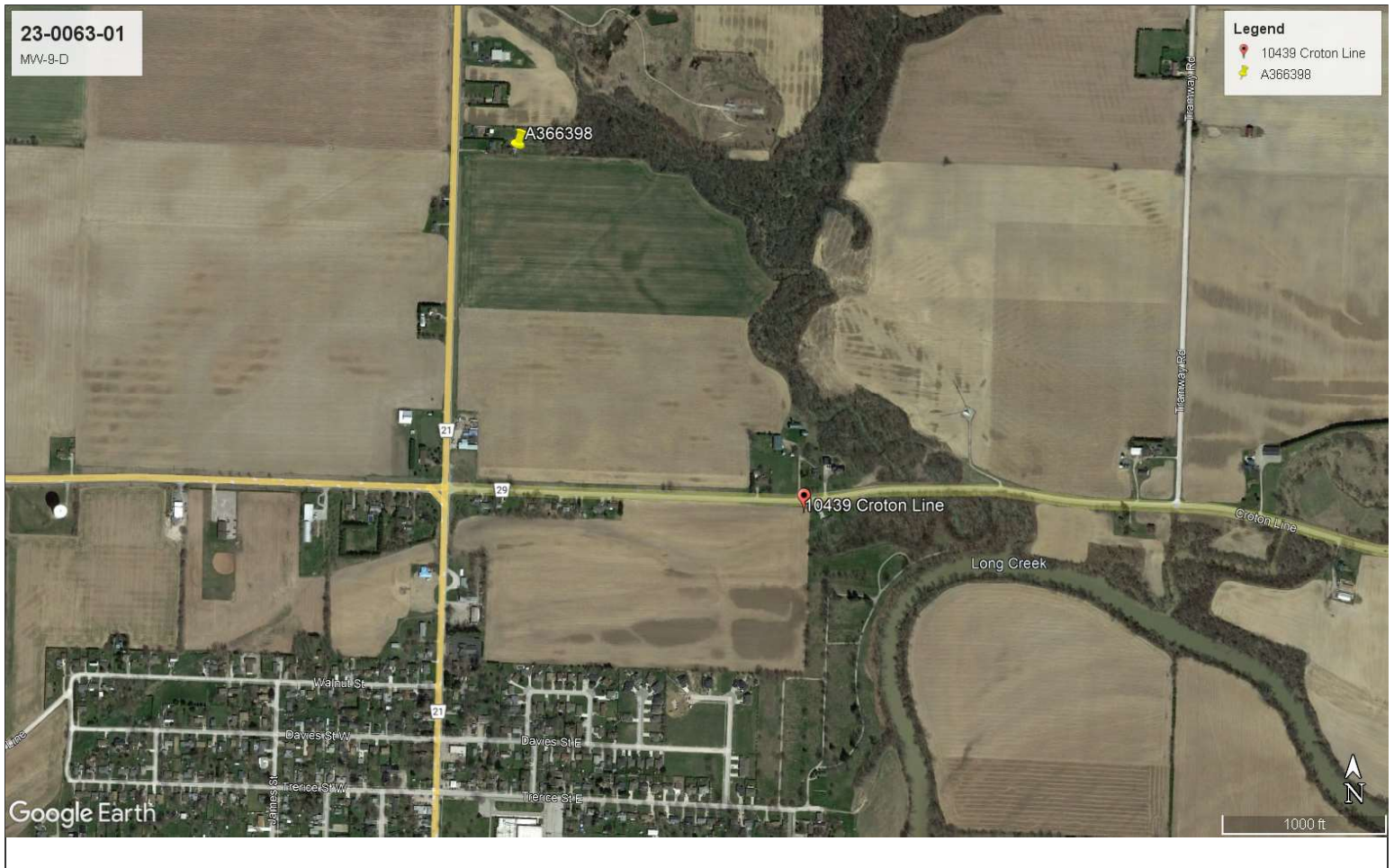
Clear and sand free Other (specify)

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



14. Information

Well owner's information package delivered <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered (yyyy/mm/dd)	Date Work Completed (yyyy/mm/dd) * 2023/06/08
Comments		

15. Well Contractor and Well Technician Information

Business Name of Well Contractor * Aardvark Drilling Inc.		Well Contractor's License Number * 7675	
Business Address			
Unit Number C	Street Number 25	Street Name * Lewis Road	
City/Town/Village * Guelph		Province ON	Postal Code * N1H 1E9
Business Telephone Number 519-826-9340		Business Email Address info@aardvarkdrillinginc.com	
Last Name of Well Technician * Schanck		First Name of Well Technician * Ryan	Well Technician's License Number * 4339

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 England	First Name Matthew	Email Address mengland@aardvarkdrillinginc.com
Signature Matt England	 Digitally signed by Matt England Date: 2023.06.28 09:57:44 -04'00'	Date Submitted (yyyy/mm/dd) 2023/06/28

17. Ministry Use Only

Audit Number
C2RN OH6N