

Owner name: Steven LeBlanc + Stephanie Jomeux
 Mailing address: _____ City / Town: Windsor Prov. / Terr. Y.T. Postal Code _____
 Well Location Address: Street No: 1117 Street name Courtly Lake Rd City / Town Wkse
 Legal description: Lot 1117 Plan _____ D.L. _____ Block _____
 PID: _____ AND Description of well location (attach sketch if nec.): Behind house on right side Approx 40'
 NAD 83: Zone: 64V AND UTM Easting: 0505134 m OR Latitude: _____
 UTM Northing: 6709692 m OR Longitude: _____
 Method of drilling: air rotary dual rotary cable tool mud rotary auger driving jetting other (specify) _____
 Orientation of well: vertical horizontal Ground elevation 739 ft (asl) Method: _____
 Class of well: _____
 Water supply wells, indicate water use: private domestic water supply system irrigation commercial or industrial
 other (specify) _____

LITHOLOGIC DESCRIPTION		Surficial Material								Bedrock Material								Color							Hardness				Water Content					Observations (e.g. other geological materials (e.g. boulder est. water bearing flo (USgpm), or closure details)		
From ft (bgl)	To ft (bgl)	Clay	Silt	Till	Sand with clay/silt	Sand, fine-med	Sand, med-coarse	Sand with gravel	Siltstone/Shale	Sandstone	Conglomerate	Limestone	Basalt	Volcanic	Crystalline	Other Surficial Bedrock	Red	Orange	Brown	Tan	Light Grey	Blue	Green	Dark Grey	Very Hard	Hard	Dense / Stiff	Loose	Dry	Moist	Wet	High Production	Lost circulation		Not available	
0	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Top Skellon
17	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clay + gpm	
35	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

CASING DETAILS						SCREEN DETAILS					
From ft (bgl)	To ft (bgl)	Dia in	Casing Material / Open Hole	Wall Thickness in	Drive Shoe	From ft (bgl)	To ft (bgl)	Dia in	Type	Sk Siz	
0	39	6.5	Skell	2.19	A.R	35	39	6	Wing Wrap	4.0	

Surface seal: Type Remenda Depth 15 ft
 Method of installation Poured Pumped Thickness _____ in
 Backfill: Type _____ Depth _____ ft
 Liner: PVC Other (specify): _____
 Diameter _____ in Thickness _____ in
 From _____ ft (bgl) To _____ ft (bgl)
 Perforated: From _____ ft (bgl) To _____ ft (bgl)

Intake: Screen Open bottom Uncased hole
 Screen type: Telescope Pipe size
 Screen material: Stainless steel Plastic Other: _____
 Screen opening: Continuous slot Slotted Perforated pipe
 Screen bottom: Bail Plug Plate Other: _____
 Filter pack: From _____ ft To: _____ ft Thickness: _____
 Type and size of material: _____

DEVELOPED BY	FINAL WELL COMPLETION DATA
<input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Surging <input type="checkbox"/> Jetting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing Other (specify): _____ Total duration: _____ hrs Notes: _____	Total depth drilled: <u>39</u> ft Finished well depth: <u>39</u> ft (b) Final stick up: <u>18</u> in Depth to bedrock: _____ ft (b) SWL: <u>8</u> ft (bgl) Estimated well yield <u>35</u> USGp Artesian flow: _____ USgpm, or Artesian pressure: _____ Type of well cap: <u>Locking</u> Well disinfected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where well ID plate is attached: _____
WELL YIELD ESTIMATED BY	WELL CLOSURE INFORMATION
<input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Bailing <input type="checkbox"/> Other (specify): _____ Rate: _____ USgpm Duration: _____ hrs SWL before test: _____ ft (btoc) Pumping water level: _____ ft (btoc)	Reason for closure: _____ Method of closure: <input type="checkbox"/> Poured <input type="checkbox"/> Pumped Sealant Material: _____ Backfill material: _____ Details of closure: _____
OBVIOUS WATER QUALITY CHARACTERISTICS	DATE OF WORK (yyyy/mm/dd)
<input type="checkbox"/> Fresh <input type="checkbox"/> Salty <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Sediment <input type="checkbox"/> Gas Colour / Odour: _____ Water sample collected: <input type="checkbox"/>	Started: <u>Oct 10</u> Completed <u>Oct 10/13</u> Comments: _____
WELL DRILLER (print clearly)	
Name (first, last): <u>BRUCE MAC DONALD</u> Consultant (if applicable; name & company) _____	
Signature of Driller Responsible: <u>[Signature]</u>	