

Owner name: _____

Mailing address: _____ City / Town: Walse Prov. / Terr. 9T Postal Code _____

Well Location Address: Street No. 57 Street name Triple Cross Rd City / Town Annie Lake Rd

Legal description: Lot _____ Plan _____ D.L. _____ Block _____

PID: _____ Description of well location (attach sketch if nec.): behind house Approx 20'

NAD 83: Zone: _____ UTM Easting: _____ m Latitude: _____

UTM Northing: _____ m Longitude: _____

Method of drilling: air rotary dual rotary cable tool mud rotary auger driving jetting other (specify) _____

Orientation of well: vertical horizontal Ground elevation _____ 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. boulders), est. water bearing flow (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	Granodiorite	Limestone	Basalt	Volcanic	Crystalline	Other Surficial Bedrock	Red	Orange	Brown	Black	Light Grey	Blue	Green	Dark Grey	Very Hard	Hard	Dense / Stiff	Loose	Dry	Moist	Wet	High Production	Low Production	Not available				
0	7	<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"/>				
7	19	<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"/>				
19	57	<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"/>	Very fractural N.S.			

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	Slot Size
0	23	6 5/8	Steel	2 1/4	D.R.					

Surface seal: Type 10x15 Neutramite Depth 15 ft
 Method of installation Poured Pumped Thickness 10 in
 Backfill: Type Neutramite Depth _____ ft
 Liner: PVC Other (specify): _____
 Diameter 4.5 in Thickness 250 in
 From 17 ft (bgl) To 57 ft (bgl)
 Perforated: From 37 ft (bgl) To 57 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: _____ in
 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>57</u> ft Finished well depth: <u>57</u> ft (bgl) Final stick up: <u>18</u> in Depth to bedrock: <u>19</u> ft (bgl) SWL: <u>13</u> ft (bgl) Estimated well yield <u>5</u> USgpm Artesian flow: _____ USgpm, or Artesian pressure: _____ ft Type of well cap: <u>Locking</u> Well disinfected: <input 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>July 2017</u> Completed: <u>July 2017</u> Comments: _____
WELL DRILLER (print clearly)	
Name (first, last): <u>Brian MacDonagh</u> Consultant (if applicable; name & company): _____	
Signature of Driller Responsible: <u>[Signature]</u>	

PLEASE NOTE: The information recorded in this well report describes the works and hydrogeologic conditions at the time of construction, alteration or closure as the case may be. Well yield, well performance and water quality are not guaranteed as they are influenced by a number of factors, including natural variability, human activities and condition of the works, which may change over time.