

WELL FORM

Impact Drilling 867-668-6943

204110283

6" - 12" • Water Wells • Pump Installation • Exploration • Dual Rotary Air Rig • Pilings

81512001A Entered (YUWR)

105 D11 sheet _____ of _____

Owner name: _____
 Mailing address: 69 Ear Lake Rd City / Town: Whsc Prov. / Terr. VT Postal Code _____
 Well Location Address: Street No. Maclean Lake Street name Maclean Lake Rd City / Town Whsc
 OR Legal description: Lot _____ Plan _____ D.L. _____ Block _____
 OR PID: _____ AND Description of well location (attach sketch if nec.): _____ * *coordinates are very very approx.*
 NAD 83: Zone: _____ AND UTM Easting: 497150 m OR Latitude: _____
 UTM Northing: 6727549 m OR Longitude: _____ *accuracy 1000 - 3000*
 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		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)	Surficial Material							Bedrock Material							Very Hard	Hard	Dense / Stiff	Loose	Dry	Moist	Wet		High Production	Lost circulation	Not available										
		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												
0	6																																	<i>dry</i>		
6	30																																	<i>decomposed compacted</i>		
30	35																																	<i>2 gpm</i>		
35	280																																	<i>3 gpm</i>		
280	340																																	<i>9 gpm</i>		
340	500																																			
500	618																																			

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	50	6 5/8	Steel	2 1/4	D.R.					

Surface seal: Type Bentonite Depth 15 ft Intake: Screen Open bottom Uncased hole
 Method of installation Poured Pumped Thickness 10 in Screen type: Telescope Pipe size
 Backfill: Type _____ Depth _____ ft Screen material: Stainless steel Plastic Other: _____
 Liner: PVC Other (specify): _____ Screen opening: Continuous slot Slotted Perforated pipe
 Diameter 4.5 in Thickness 2.50 in Screen bottom: Bail Plug Plate Other: _____
 From 18 ft (bgl) To 618 ft (bgl) Filter pack: From _____ ft To: _____ ft Thickness: _____ in
 Perforated: From 300 ft (bgl) To 618 ft (bgl) 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	Total duration: _____ hrs	Total depth drilled: <u>618</u> ft	Finished well depth: <u>618</u> ft (bgl)
Other (specify): _____	Notes: _____	Final stick up: <u>18</u> in	Depth to bedrock: <u>30</u> ft (bgl)
WELL YIELD ESTIMATED BY		SWL: <u>38</u> ft (bgl)	Estimated well yield <u>9</u> USgpm
<input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Bailing <input type="checkbox"/> Other (specify): _____	Rate: _____ USgpm Duration: _____ hrs	Artesian flow: _____	USgpm, or Artesian pressure: _____ ft
SWL before test: _____ ft (btoc)	Pumping water level: _____ ft (btoc)	Type of well cap: <u>Locking</u>	Well disinfected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OBVIOUS WATER QUALITY CHARACTERISTICS		WELL CLOSURE INFORMATION	
<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"/>	Reason for closure: _____	
WELL DRILLER (print clearly)		Method of closure: <input type="checkbox"/> Poured <input type="checkbox"/> Pumped	
Name (first, last): _____	Consultant (if applicable; name & company): _____	Sealant Material: _____ Backfill material: _____	
Signature of Driller Responsible _____		Details of closure: _____	
		DATE OF WORK (yyyy/mm/dd)	
		Started: <u>Nov 7/2011</u> Completed: <u>Nov 10/2011</u>	
		Comments: _____	

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.