

Well ID:	<input type="checkbox"/> Metric <input type="checkbox"/> Imperial		
Well information			
Well address and lot number (if applicable)		Sketch of well location (please include a north arrow)	
City			
Province/territory	Postal code		
Elevation of top of casing (m/ft)	NAD 83: Zone		
UTM easting	UTM northing		
Purpose of well: <input type="checkbox"/> domestic <input type="checkbox"/> irrigation <input type="checkbox"/> municipal <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> environmental <input type="checkbox"/> other: _____		Drilling method: <input type="checkbox"/> sonic <input type="checkbox"/> air rotary <input type="checkbox"/> mud rotary <input type="checkbox"/> auger <input type="checkbox"/> other: _____	
Well construction			
Date well completed: YYYY/MM/DD			
Casing		Screen	
Outside diameter (cm/in):		Outside diameter (cm/in):	
Casing material:		Screen material:	
Wall thickness (cm/in):		Screen type:	
Casing depth (m/ft):		Depth:	Slot size:
Liner: <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____		From: to: (m/ft)	cm/in
Surface seal		From: to: (m/ft)	cm/in
Type	Diameter (cm/in)	From: to: (m/ft)	cm/in
Depth (m/ft)	Volume (m ³ /ft ³)	From: to: (m/ft)	cm/in
Gravel pack			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, depth (m/ft):		Type:	Diameter (cm/in):
Well development and status			
Final well data: Stick-up: _____ (m/ft) SWL: _____ (m/ft, btoc) Well cap: _____			
Artesian flow: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Developed by: <input type="checkbox"/> Surging <input type="checkbox"/> Air lifting <input type="checkbox"/> Jetting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing <input type="checkbox"/> Other: _____			
Well yield by: <input type="checkbox"/> Air lifting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing <input type="checkbox"/> Other: _____ Rate: _____ (lps/gpm)			
Duration: _____ (hrs)			
Water quality: <input type="checkbox"/> Fresh <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Sediment <input type="checkbox"/> Gas <input type="checkbox"/> Temp.: _____			
Colour: _____ Odour: _____			
Closure: Reason of closure: _____ Method of closure: _____			
Sealant material: _____ Backfill material: _____			