

WELL FORM

Impact Drilling 867-668-6943

270

sheet _____ of _____

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

105014

Owner name: _____

Mailing address: _____ City / Town: Whitby Prov. / Terr. YT Postal Code _____

Well Location Address: Street No. _____ Street name _____ City / Town _____

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

PID: _____ Description of well location (attach sketch if nec.): _____

NAD 83: Zone: 08V UTM Easting: 0193814 m Latitude: _____

UTM Northing: 6741753 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 651 m 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	Lost circulation	Not available		
0	14	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	40	<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"/>		
40	44	<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"/>	<input type="checkbox"/>	Some clay	
		<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"/>			
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		<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"/>			
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SIMPLY NEEDS TO BE ENTERED

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)	Slot Size	
0	41	68	Steel	219	DR	40	44	6 SS 20	

Surface seal: Type Bentonaite Depth 15 ft

Method of installation Poured Pumped Thickness 10 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: _____ 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>48</u> ft Finished well depth: <u>44</u> ft (bgl) Final stick up: <u>18</u> in Depth to bedrock: _____ ft (bgl) SWL: <u>17'</u> ft (bgl) Estimated well yield <u>8</u> USgpm Artesian flow: _____ USgpm, or Artesian pressure: _____ ft Type of well cap: _____ 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>Aug 20</u> Completed: <u>Aug 20/14</u> Comments: _____
WELL DRILLER (print clearly)	
Name (first, last): _____ Consultant (if applicable; name & company): _____ Signature of Driller Responsible: _____	

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.