WELL FORM

ATPAMILICION INTO IN INCHE MILL

sheet _____ of ____

Impact Drilling 867-668-6943 Poor quily date
6" - 12" • Water Wells • Pump Installation • Exploration • Dual Rotary Air Rig • Pilings

Owner name:		
Mailing address:	City / Town	Prov. / Terr. Postal Code
Mailing address:		
OR PID: AND Description of well location (attach sketch if nec.):		
NAD 83: Zone:	UTM Easting:	m OR Latitude:m Longitude:
	Longitude:	
Method of drilling: □ air rotary □ dual rotary □ cable tool □ mud rotary □ auger □ driving □ jetting □ other (specify) □ 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
ban-med and med-coarse and with gravel	Bedrock	B Blue Brown Tage Burny Bur
ft (bgl) ft (bgl) sign is in the second of t		
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28 115 0000000	000000000	00000000000000000000000000000000000000
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CASING DETAILS SCREEN 49 2 ₹ 312		
From To Dia to Casing Mater	ial / Open Hole Wall Thickness St	
. 0 30 698 Steel	Misul	sh 0 /
15' 115' 4.5 PUC	.250	105 D/11 &N
Surface seal: Type Seat-on-tec Method of installation Poured Pum Backfill: Type Liner: PVC Other (specify):	in Screen ± 50m	
Diameter in	Thickness	in Screen
From ft (bgl) To ft (b	gl)	Filter p: in
Perforated: From ft (bgl) To ft (bgl)		
DEVELOPED BY FINAL WELL COMPLETION DATA FAir lifting Surging Jetting Pumping Bailing Total depth drilled:ft Finished well depth:ft (bgl)		
☐ Air lifting ☐ Surging ☐ Jetting ☐ Other (specify):		0.67
Notes: SW		SWL:ft (bgl) Estimated well yieldUSgpm
□ Pumping □ Air lifting □ Bailing □	Other (specify):	Artesian flow: ft
Rate: USgpm Durtation: hrs		hrs Type of well cap: Well disinfected: 🖃 Yes 🗆 No
OVE Bololo toot.		Where well ID plate is attached: WELL CLOSURE INFORMATION
OBVIOUS WATER COACHT GRANACTERIOTIES		
☐ Fresh ☐ Salty ☐ Clear ☐ Cloudy ☐ Sediment ☐ Gas Colour / Odour: Water sample collected: ☐		☐ Method of closure: ☐ Poured ☐ Pumped
WELL DRILLER (print		Sealant Material: Backfill material:
Name (first, last):		
Consultant (if applicable, name and page 1)		
		DATE OF WORK (yyyy/mm/dd)
1 Signature of		Started: Oct 8/08 Completed Oct 8/08 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 quaranteed as they are influenced by a number of factors, including natural variability, human activities and condition of the works, which may change over time.