

Owner name: _____
 Mailing address: _____
 Well Location Address: Street No. Lot 1 City / Town: White Prov. / Terr. Y.T. Postal Code _____
 Street name 3 mile Rd City / Town Hot Springs Rd
 Legal description: Lot _____ Plan _____ D.L. _____ Block _____
 PID: _____ AND Description of well location (attach sketch if nec.): _____
 NAD 83: Zone: _____ AND UTM Easting: 0848420E m Latitude: _____
 UTM Northing: 6747460W 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 734 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

From ft (bgl)	To ft (bgl)	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)
		Clay	Silt	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	9	<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"/>			
9	35	<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"/>			
35	86	<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"/>	dirty white		
86	93	<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"/>				
93	165	<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"/>	Dark			
165	305	<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"/>	1" water			
305	336	<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"/>	Fractured			

CASING DETAILS

From ft (bgl)	To ft (bgl)	Dia in	Casing Material / Open Hole	Wall Thickness in	Drive Shoe
0	99	6 5/8	Steel	219	OK

Surface seal: Type Benvento Depth 15 ft
 Method of installation Poured Pumped Thickness 10 in
 Backfill: Type _____ Depth _____ ft
 Liner: PVC Other (specify): _____
 Diameter 4.5 in Thickness 250 in
 From 16 ft (bgl) To 336 ft (bgl)
 Perforated: From 296 ft (bgl) To 336 ft (bgl)

SCREEN DETAILS

From ft (bgl)	To ft (bgl)	Dia in	Type	Slot Size

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

Air lifting Surging Jetting Pumping Bailing
 Other (specify): _____ Total duration: _____ hrs
 Notes: _____

WELL YIELD ESTIMATED BY

Pumping Air lifting Bailing Other (specify): _____
 Rate: _____ USgpm Duration: _____ hrs
 SWL before test: _____ ft (btoc) Pumping water level: _____ ft (btoc)

OBVIOUS WATER QUALITY CHARACTERISTICS

Fresh Salty Clear Cloudy Sediment Gas
 Colour / Odour: _____ Water sample collected:

WELL DRILLER (print clearly)

Name (first, last): _____
 Consultant (if applicable, name & company): _____

Signature of Driller Responsible

FINAL WELL COMPLETION DATA

Total depth drilled: 336 ft Finished well depth: 336 ft (bgl)
 Final stick up: 18 in Depth to bedrock: 93 ft (bgl)
 SWL: 150.4 ft (bgl) Estimated well yield 3 USgpm
 Artesian flow: _____ USgpm, or Artesian pressure: _____ ft
 Type of well cap: Seal Well disinfected: Yes No
 Where well ID plate is attached: _____

WELL CLOSURE INFORMATION

Reason for closure: _____
 Method of closure: Poured Pumped
 Sealant Material: _____ Backfill material: _____
 Details of closure: _____

DATE OF WORK (yyyy/mm/dd)

Started: July 20/20 Completed July 22/20
 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.