

Owner name: _____

Mailing address: _____ City / Town: White Horse Prov. / Terr. _____ Postal Code _____

Well Location Address: Street No. Lot 95 Street name Boreal Rd City / Town North Shields

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

PID: _____ AND Description of well location (attach sketch if nec.): Left of house for driveway Behind driveway on

NAD 83: Zone: _____ UTM Easting: 08788670 in UTM Northing: 6747961N m Longitude: _____ Latitude: 20'

Method of drilling: air rotary dual rotary cable tool mud rotary auger driving jetting other (specify) _____

Orientation of well: vertical horizontal Ground elevation 657 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	12																																				
13	18																																				
19	45																																				
45	58																																				
58																																					
69																																					
102																																					
297																																					

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	69	6.50	Steel	2.19	A/R						

Surface seal: Type Butane 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 17 ft (bgl) To 297 ft (bgl)

Perforated: From 257 ft (bgl) To 297 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	Total depth drilled: <u>297</u> ft	Finished well depth: <u>297</u> ft (bgl)
Notes: _____		Final stick up: <u>18"</u> in	Depth to bedrock: <u>58</u> ft (bgl)
WELL YIELD ESTIMATED BY		SWL: <u>135</u> ft (bgl)	Estimated well yield <u>1.5</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: _____	Method of closure: <input type="checkbox"/> Poured <input type="checkbox"/> Pumped
WELL DRILLER (print clearly):		Sealant Material: _____	Backfill material: _____
Name (first, last): _____	Consultant (if applicable; name & company): _____	Details of closure: _____	

Signature of Driller Responsible: _____

DATE OF WORK (yyyy/mm/dd)

Started: May 6/20 Completed: May 8/20

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.