

Tag#: A205140

Address of Well Location (Street Number/Name) 208 Hevensay Rd		Township Armour	Lot	Concession
County/District/Municipality Tara Sound		City/Town/Village Burks Falls	Province Ontario	Postal Code H0T4L0C0
UTM Coordinates NAD 8 3	Zone 17	Easting 623851	Northing 5059420	Municipal Plan and Sublot Number

Overburden and Bedrock Materials/Abandonment Sealing Record (see instructions on the back of this form)						
General Colour	Most Common Material	Other Materials	General Description		Depth (m/ft)	
					From	To
Fill	SAND				0	2
Grey	GRANITE				2	405
<i>WELL WAS HYDRO FRAKED</i>						

Annular Space		
Depth Set at (m/ft)	Type of Sealant Used (Material and Type)	Volume Placed (m³/ft³)
From	To	
0	20	BENTONITE

Method of Construction	Well Use
<input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Rotary (Conventional) <input type="checkbox"/> Rotary (Reverse) <input type="checkbox"/> Boring <input type="checkbox"/> Air percussion <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Diamond <input type="checkbox"/> Jetting <input type="checkbox"/> Driving <input type="checkbox"/> Digging <input type="checkbox"/> Public <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Municipal <input type="checkbox"/> Test Hole <input type="checkbox"/> Cooling & Air Conditioning	<input type="checkbox"/> Not used <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring

Construction Record - Casing				Status of Well	
Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)		<input checked="" type="checkbox"/> Water Supply <input type="checkbox"/> Replacement Well <input type="checkbox"/> Test Hole <input type="checkbox"/> Recharge Well <input type="checkbox"/> Dewatering Well <input type="checkbox"/> Observation and/or Monitoring Hole <input type="checkbox"/> Alteration (Construction) <input type="checkbox"/> Abandoned, Insufficient Supply <input type="checkbox"/> Abandoned, Poor Water Quality <input type="checkbox"/> Abandoned, other, specify _____ <input type="checkbox"/> Other, specify _____
			From	To	
6 3/4	STEEL	1.88	+2	20	

Construction Record - Screen				Status of Well	
Outside Diameter (cm/in)	Material (Plastic, Galvanized, Steel)	Slot No.	Depth (m/ft)		
			From	To	

Water Details		Hole Diameter	
Water found at Depth (m/ft)	Kind of Water: <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Untested	Depth (m/ft)	Diameter (cm/in)
		From	To
285	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	0	8 3/4
		20	6

Well Contractor and Well Technician Information			
Business Name of Well Contractor Ransome Well Drilling		Well Contractor's Licence No. 7111610	
Business Address (Street Number/Name) Box 454		Municipality Burks Falls	
Province ON	Postal Code K0T4L0C0	Business E-mail Address	

Bus. Telephone No. (inc. area code) 709 821 9355	Name of Well Technician (Last Name, First Name) RICHARD TUCKER	
Well Technician's Licence No. 218115	Signature of Technician and/or Contractor <i>[Signature]</i>	Date Submitted 2016/07/26

Results of Well Yield Testing					
After test of well yield, water was:		Draw Down		Recovery	
<input checked="" type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, specify _____		Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
If pumping discontinued, give reason:		Static Level	55		74
Pump intake set at (m/ft) 300		1	53.25	1	73.75
Pumping rate (l/min / GPM) 5		2	56	2	72
Duration of pumping 1 hrs + 0 min		3	56.25	3	71
Final water level end of pumping (m/ft) 74		4	56.75	4	70
If flowing give rate (l/min / GPM)		5	57	5	68
Recommended pump depth (m/ft) 300		10	59	10	65
Recommended pump rate (l/min / GPM) 5 INT		15	60	15	61
Well production (l/min / GPM) 4		20	62	20	58
Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25	63	25	55
		30	65	30	
		40	67	40	
		50	70	50	
		60	74	60	

Map of Well Location	
Please provide a map below following instructions on the back.	
Comments:	

Well owner's information package delivered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered 2016/07/26
Date Work Completed 2016/07/26	

Ministry Use Only	
Audit No.	2234316
Received	SEP 15 2016