

Measurements recorded in: ☐ Metric ☒ Imperial

Tag#:A399667

Page 1 of 1

Well Owner's Information

First Name	E-mail Address	<input type="checkbox"/> Well Constructed by Well Owner
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Mailing Address (Street Number/Name)	Municipality	Province	Postal Code	Telephone No. (Area Code and Number)
1133 SASSY TREE LAKE	HARTINGTON	ON	K0H1W0	

Well Location

Address of Well Location (Street Number/Name) 1133 SASSY TREE LANE				Township LOUGHBOROUGH		Lot 6		Concession 13				
County/District/Municipality FRONTENAC				City/Town/Village				Province Ontario		Postal Code 		
UTM Coordinates		Zone	Easting	Northing	Municipal Plan and Sublot Number				Other			
NAD		8	3	193713434	493090							

Overburden and Bedrock Materials/Abandonment Sealing Record (see instructions on the back of this form)

Annular Space				Results of Well Yield Testing				
Depth Set at (m/ft)		Type of Sealant Used (Material and Type)	Volume Placed (m³/ft³)	After test of well yield, water was: <input type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, specify _____	Draw Down		Recovery	
From	To				Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
20	0	CEMENT	7 FT³	If pumping discontinued, give reason:	Static Level	33.4		
					1	37.4	1	69
					2	39.1	2	67.1
				Pump intake set at (m/ft)				
				178'				

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

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
			From	To	
6 1/4"	STEEL	188cm	+2'	20'	
6"	OPEN HOLE		20	180'	

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

☐ Insufficient Supply
☐ Abandoned, Poor Water Quality
☐ Abandoned, other, specify _____
☐ Other, specify _____

Results of Well Yield Testing				
After test of well yield, water was: <input type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, specify _____	Draw Down		Recovery	
	Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
If pumping discontinued, give reason:	Static Level			
	1	33.4		
Pump intake set at (m/ft)	2	37.4	1	69
178'	3	39.1	2	67.1
Pumping rate (l/min / GPM)	4	40.6	3	65.2
5 GPM	5	42.1	4	63.4
Duration of pumping	10	43.6	5	61.4
1 hrs + 0 min	15	49.7	10	53.1
Final water level end of pumping (m/ft)	20	54.2	15	47.4
71.2	25	57.7	20	43
If flowing give rate (l/min/GPM)	30	60.6	25	39.9
Recommended pump depth (m/ft)	40	65.6	30	37.9
175'	50	66.8	40	34.4
Recommended pump rate (l/min/GPM)	60	69.2	50	33.9
5 GPM	70	71.2	60	33.7
Well production (l/min/GPM)				
8 GPM				
Disinfected?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Map of Well Location

Please provide a map below following instructions on the back.

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Comments:			
Well owner's information package delivered <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered	Ministry Use Only Audit No. 7425273	
	Date Work Completed	Received	

Well Owner's Copy