

1. PRINT ONLY IN SPACES PROVIDED
2. CHECK CORRECT BOX WHERE APPLICABLE

11

3612140

MUNICIP 36014

CON. CON.

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COUNTY OR DISTRICT: **Leeds**
TOWNSHIP, BOROUGH, CITY, TOWN, VILLAGE: **Front of Leeds & Lansdowne**
CON. BLOCK, TRACT, SURVEY, ETC: **3** LOT: **20**
DATE COMPLETED: **RR# 1 Lansdowne, Ontario**
DAY: **24** MO: **10** YR: **91**

LOG OF OVERBURDEN AND BEDROCK MATERIALS (SEE INSTRUCTIONS)					
GENERAL COLOUR	MOST COMMON MATERIAL	OTHER MATERIALS	GENERAL DESCRIPTION	DEPTH - FEET	
				FROM	TO
	Sand			0	12
	gravel			12	15
	grey-green quartz			15	60

31
32

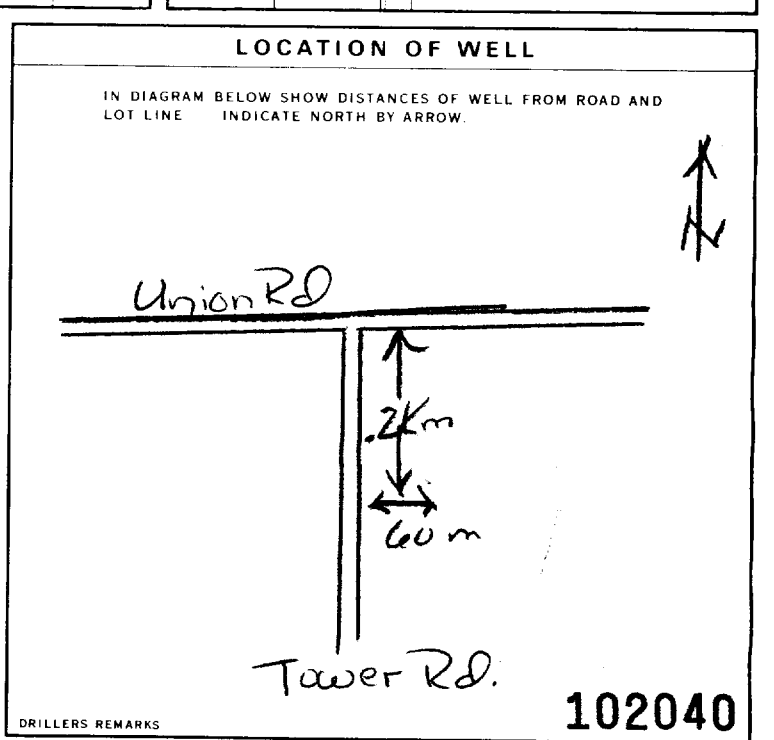
41 WATER RECORD			
WATER FOUND AT - FEET	KIND OF WATER		
10-13 36	1 <input checked="" type="checkbox"/> FRESH 2 <input type="checkbox"/> SALTY	3 <input type="checkbox"/> SULPHUR 4 <input type="checkbox"/> MINERALS 6 <input type="checkbox"/> GAS	14
15-18 51	1 <input checked="" type="checkbox"/> FRESH 2 <input type="checkbox"/> SALTY	3 <input type="checkbox"/> SULPHUR 4 <input type="checkbox"/> MINERALS 6 <input type="checkbox"/> GAS	19
20-23 53	1 <input checked="" type="checkbox"/> FRESH 2 <input type="checkbox"/> SALTY	3 <input type="checkbox"/> SULPHUR 4 <input type="checkbox"/> MINERALS 6 <input type="checkbox"/> GAS	24
25-28	1 <input type="checkbox"/> FRESH 2 <input type="checkbox"/> SALTY	3 <input type="checkbox"/> SULPHUR 4 <input type="checkbox"/> MINERALS 6 <input type="checkbox"/> GAS	29
30-33	1 <input type="checkbox"/> FRESH 2 <input type="checkbox"/> SALTY	3 <input type="checkbox"/> SULPHUR 4 <input type="checkbox"/> MINERALS 6 <input type="checkbox"/> GAS	34

51 CASING & OPEN HOLE RECORD					
INSIDE DIAM INCHES	MATERIAL	WALL THICKNESS INCHES	DEPTH - FEET		
			FROM	TO	
10-11 6 1/4	1 <input checked="" type="checkbox"/> STEEL 2 <input type="checkbox"/> GALVANIZED 3 <input type="checkbox"/> CONCRETE 4 <input type="checkbox"/> OPEN HOLE 5 <input type="checkbox"/> PLASTIC	188	0	22	13-16
17-18	1 <input type="checkbox"/> STEEL 2 <input type="checkbox"/> GALVANIZED 3 <input type="checkbox"/> CONCRETE 4 <input type="checkbox"/> OPEN HOLE 5 <input type="checkbox"/> PLASTIC				20-23
24-25	1 <input type="checkbox"/> STEEL 2 <input type="checkbox"/> GALVANIZED 3 <input type="checkbox"/> CONCRETE 4 <input type="checkbox"/> OPEN HOLE 5 <input type="checkbox"/> PLASTIC				27-30

SCREEN		
SIZE(S) OF OPENING (SLOT NO.)	DIAMETER INCHES	LENGTH FEET
MATERIAL AND TYPE		DEPTH TO TOP OF SCREEN FEET
		41-48

61 PLUGGING & SEALING RECORD			
DEPTH SET AT - FEET		MATERIAL AND TYPE (CEMENT GROUT LEAD PACKER ETC)	
FROM	TO		
10-13 5	14-17 22	cement grout	
18-21	22-25		
26-29	30-33		

71 PUMPING TEST			
PUMPING TEST METHOD	PUMPING RATE	DURATION OF PUMPING	
1 <input checked="" type="checkbox"/> PUMP 2 <input type="checkbox"/> BAILER	10 GPM	1 15-16 HOURS 17-18 MINS	
STATIC LEVEL	WATER LEVEL END OF PUMPING	WATER LEVELS DURING	
19-21 22 FEET	22-24 45 FEET	15 MINUTES 45 FEET	30 MINUTES 45 FEET
		45 MINUTES 45 FEET	60 MINUTES 45 FEET
IF FLOWING GIVE RATE	PUMP INTAKE SET AT	WATER AT END OF TEST	
	GPM	FEET	1 <input checked="" type="checkbox"/> CLEAR 2 <input type="checkbox"/> CLOUDY
RECOMMENDED PUMP TYPE	RECOMMENDED PUMP SETTING	RECOMMENDED PUMPING RATE	
<input type="checkbox"/> SHALLOW <input checked="" type="checkbox"/> DEEP	50 FEET	10 GPM	



54 FINAL STATUS OF WELL	
1 <input checked="" type="checkbox"/> WATER SUPPLY 2 <input type="checkbox"/> OBSERVATION WELL 3 <input type="checkbox"/> TEST HOLE 4 <input type="checkbox"/> RECHARGE WELL	5 <input type="checkbox"/> ABANDONED, INSUFFICIENT SUPPLY 6 <input type="checkbox"/> ABANDONED, POOR QUALITY 7 <input type="checkbox"/> UNFINISHED 8 <input type="checkbox"/> DEWATERING
55-56 WATER USE	
1 <input checked="" type="checkbox"/> DOMESTIC 2 <input type="checkbox"/> STOCK 3 <input type="checkbox"/> IRRIGATION 4 <input type="checkbox"/> INDUSTRIAL 5 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> COMMERCIAL 6 <input type="checkbox"/> MUNICIPAL 7 <input type="checkbox"/> PUBLIC SUPPLY 8 <input type="checkbox"/> COOLING OR AIR CONDITIONING 9 <input type="checkbox"/> NOT USED
57 METHOD OF CONSTRUCTION	
1 <input type="checkbox"/> CABLE TOOL 2 <input checked="" type="checkbox"/> ROTARY (CONVENTIONAL) 3 <input type="checkbox"/> ROTARY (REVERSE) 4 <input type="checkbox"/> ROTARY (AIR) 5 <input type="checkbox"/> AIR PERCUSSION	6 <input type="checkbox"/> BORING 7 <input type="checkbox"/> DIAMOND 8 <input type="checkbox"/> JETTING 9 <input type="checkbox"/> DRIVING <input type="checkbox"/> DIGGING <input type="checkbox"/> OTHER

CONTRACTOR	
NAME OF WELL CONTRACTOR Air-Rock Drilling Co Ltd	WELL CONTRACTOR'S LICENCE NUMBER 1119
ADDRESS RR# 2 Jasper Ont	
NAME OF WELL TECHNICIAN Jonny Desautels	WELL TECHNICIAN'S LICENCE NUMBER 7004
SIGNATURE OF TECHNICIAN/CONTRACTOR <i>Jonny Desautels</i>	SUBMISSION DATE DAY 27 NO 11 YR 91

OFFICE USE ONLY	
DATA SOURCE	CONTRACTOR 1119 DATE RECEIVED DEC 06 1991
DATE OF INSPECTION	INSPECTOR
REMARKS	