

Address of Well Location (Street Number/Name) **112 Peller crt.** Township **Verulam** Lot **2** Concession **10**
 County/District/Municipality **Victoria** City/Town/Village **Bobcaygeon** Province **Ontario** Postal Code **K0M1A0**
 UTM Coordinates Zone **18** Easting **317698157** Northing **4926769** Municipal Plan and Sublot Number **57M-752** Other _____

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
Brown	Sand	Stone	Hard	0	24
Grey	Clay	Sand/stone	Hard	24	48
Brown	Sand	Silt	Soft	48	85
Brown	Gravel		Hard	85	89

Annular Space

Depth Set at (m/ft)	Type of Sealant Used (Material and Type)	Volume Placed (m ³ /ft ³)
0 to 20	Bentonite/EnviroSeal	2.4 [±]

Method of Construction

Cable Tool Diamond Rotary (Conventional) Jetting Rotary (Reverse) Driving Boring Air percussion Other, specify _____

Well Use

Domestic Commercial Not used Municipal Dewatering Test Hole Monitoring Livestock Irrigation Cooling & Air Conditioning Industrial Other, specify _____

Construction Record - Casing

Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)	
			From	To
6 1/4	Steel	.188	0	89

Status of Well

Water Supply Replacement Well Test Hole Recharge Well Dewatering Well Observation and/or Monitoring Hole Alteration (Construction) Abandoned, Insufficient Supply Abandoned, Poor Water Quality Abandoned, other, specify _____ Other, specify _____

Construction Record - Screen

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

Water Details

Water found at Depth (m/ft)	Kind of Water: <input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Untested
89 (m/ft)	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____
	<input type="checkbox"/> Fresh <input type="checkbox"/> Untested
	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____
	<input type="checkbox"/> Fresh <input type="checkbox"/> Untested
	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____

Hole Diameter

Depth (m/ft)	Diameter (cm/in)
0 to 89	6 1/4"

Well Contractor and Well Technician Information

Business Name of Well Contractor: **Weaver Well Drilling** Well Contractor's Licence No. _____
 Business Address (Street Number/Name): **(Cobocook) Box 211** Municipality: **Cobocook**
 Province: **Ont** Postal Code: **K0M1K0** Business E-mail Address: _____

Bus. Telephone No. (inc. area code): **7054548105** Name of Well Technician (Last Name, First Name): **Duggan Patrick**
 Well Technician's Licence No.: **1683** Signature of Technician and/or Contractor: *[Signature]* Date Submitted: **2009/11/14**

Results of Well Yield Testing

After test of well yield, water was: Clear and sand free Other, specify _____

If pumping discontinued, give reason: **-**

Pump intake set at (m/ft): **78**

Pumping rate (l/min / GPM): **10**

Duration of pumping: **1 hrs + 00 min**

Final water level end of pumping (m/ft): **41**

If flowing give rate (l/min / GPM): **-**

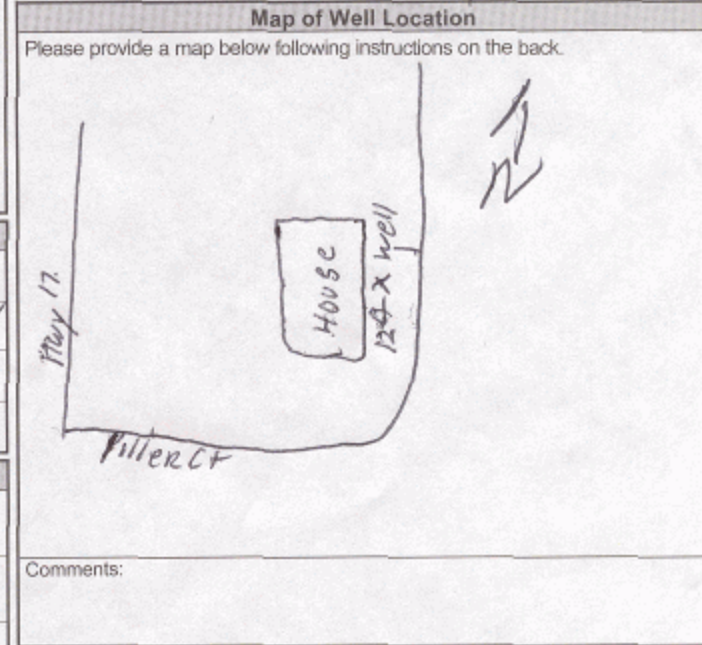
Recommended pump depth (m/ft): **75**

Recommended pump rate (l/min / GPM): **7 gpm**

Well production (l/min / GPM): **10 ±**

Disinfected? Yes No

Static Level	Draw Down		Recovery	
	Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
1	39		1	39
2	41		2	36
3	41		3	36
4	41		4	36
5	41		5	36
10	41		10	36
15	41		15	36
20	41		20	36
25	41		25	36
30	41		30	36
40	41		40	36
50	41		50	36
60	41		60	36



Well owner's information package delivered: Yes No

Date Package Delivered: **2009/11/14**

Date Work Completed: **2009/11/14**

Ministry Use Only

Audit No.: **2101956**

Received: **JAN 12 2010**