

A 117129

Address of Well Location (Street Number/Name) Duncombe Drive Township Somerville Lot 33A Concession _____
 County/District/Municipality City of Kawartha Lakes City/Town/Village Coboconk Province Ontario Postal Code K0M1K0
 UTM Coordinates Zone Easting Northing Municipal Plan and Sublot Number Other
 NAD 83176743384946332

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
	<u>Topsoil</u>			<u>0</u>	<u>1'</u>
	<u>Clay & Boulders</u>			<u>1'</u>	<u>26'</u>
	<u>Limestone</u>			<u>26'</u>	<u>27'</u>

Annular Space

Depth Set at (m/ft)	Type of Sealant Used	Volume Placed
From To	(Material and Type)	(m³/ft³)
<u>0</u> <u>26'</u>	<u>Benseal/cement slurry</u>	<u>2.1'</u>

Results of Well Yield Testing

After test of well yield, water was:	Draw Down		Recovery	
	Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
<input checked="" type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, specify _____	Static Level	<u>2'</u>		<u>19'</u>
If pumping discontinued, give reason: <u>Lots of water</u>	1	<u>4'</u>	1	<u>27'</u>
Pump intake set at (m/ft) <u>4'</u>	2	<u>6'</u>	2	<u>15'</u>
Pumping rate (l/min / GPM) <u>56 GPM</u>	3	<u>8'</u>	3	<u>13'</u>
Duration of pumping <u>2 hrs 00 min</u>	4	<u>10'</u>	4	<u>11'</u>
Final water level end of pumping (m/ft) <u>19'</u>	5	<u>12'</u>	5	<u>9'</u>
If flowing give rate (l/min / GPM)	10	<u>19'</u>	10	<u>5'</u>
	15	<u>19'</u>	15	<u>2'</u>
	20	<u>19'</u>	20	<u>2'</u>
Recommended pump depth (m/ft) <u>22'</u>	25	<u>19'</u>	25	<u>2'</u>
Recommended pump rate (l/min / GPM) <u>56 GPM</u>	30	<u>19'</u>	30	<u>2'</u>
Well production (l/min / GPM)	40	<u>19'</u>	40	<u>2'</u>
Disinfected?	50	<u>19'</u>	50	<u>2'</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	60	<u>19'</u>	60	<u>2'</u>

Method of Construction

<input checked="" 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 checked="" 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

Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)		Status of Well
			From	To	
<u>6 1/4"</u>	<u>STEEL</u>	<u>188</u>	<u>0</u>	<u>26'</u>	<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 _____
<u>6 1/4"</u>	<u>OPEN HOLE</u>		<u>26'</u>	<u>27'</u>	

Construction Record - Screen

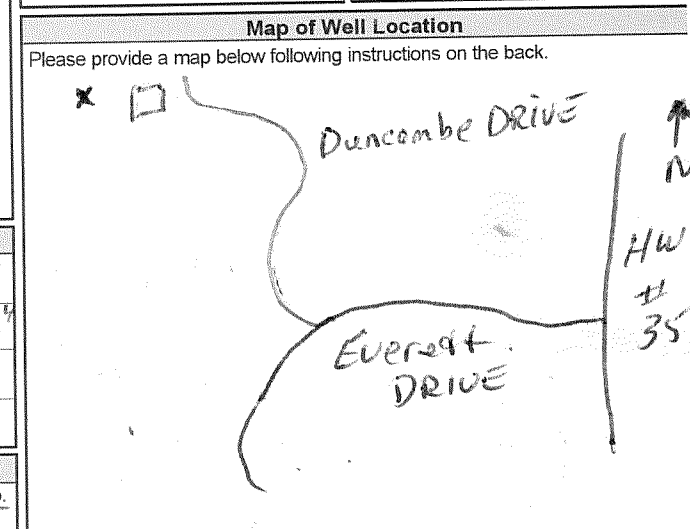
Outside Diameter (cm/in)	Material (Plastic, Galvanized, Steel)	Slot No.	Depth (m/ft)	
			From	To

Water Details

Water found at Depth (m/ft)	Kind of Water:	Hole Diameter
	<input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Untested	Depth (m/ft) Diameter (cm/in)
<u>27'</u>	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	<u>0</u> <u>27'</u> <u>6 1/4"</u>
	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	
	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	

Well Contractor and Well Technician Information

Business Name of Well Contractor Weaver Well Drilling Well Contractor's Licence No. 54115
 Business Address (Street Number/Name) Coboconk Municipality _____
 Province Ontario Postal Code K0M1K0 Business E-mail Address _____
 Bus. Telephone No. (inc. area code) 705 454 8105 Name of Well Technician (Last Name, First Name) Weaver Paul
 Well Technician's Licence No. 1464 Signature of Technician and/or Contractor _____ Date Submitted 20120605



Comments: _____

Well owner's information package delivered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered <u>20120605</u>	Ministry Use Only Audit No. <u>2132473</u> Received <u>OCT 04 2012</u>
	Date Work Completed <u>20120525</u>	