



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

COUNTY OR DISTRICT <i>FRONTENAC</i>	TOWNSHIP, BOROUGH, CITY, TOWN, VILLAGE <i>Lough</i>	CON. BLOCK, TRACT, SURVEY, ETC. <i>5</i>	LOT <i>27</i>
OWNER (SURNAME FIRST) <i>TOLEY, DALE</i>	ADDRESS <i>BOX 271 URBANA KCH-2WO</i>	DATE COMPLETED DAY <i>8</i> MO <i>10</i> YR <i>12</i>	

LOG OF OVERBURDEN AND BEDROCK MATERIALS (SEE INSTRUCTIONS)

GENERAL COLOUR	MOST COMMON MATERIAL	OTHER MATERIALS	GENERAL DESCRIPTION	DEPTH - FEET	
				FROM	TO
<i>BROWN</i>	<i>CLAY</i>			<i>0</i>	<i>1</i>
<i>BLUE</i>	<i>LIMESTONE</i>			<i>1</i>	<i>56</i>
<i>GREEN</i>	<i>LIMESTONE</i>			<i>56</i>	<i>72</i>
<i>BLUE</i>	<i>LIMESTONE</i>			<i>72</i>	<i>76</i>
<i>GREEN</i>	<i>LIMESTONE</i>			<i>76</i>	<i>80</i>

WATER RECORD	
WATER FOUND AT - FEET	KIND OF WATER
<i>77</i>	<input checked="" type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> FRESH <input type="checkbox"/> SALTY

CASING & OPEN HOLE RECORD				
INSIDE DIAM. INCHES	MATERIAL	WALL THICKNESS INCHES	DEPTH - FEET	
			FROM	TO
<i>6 1/4</i>	<input checked="" type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC	<i>3/16</i>	<i>0</i>	<i>22</i>

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

PLUGGING & SEALING RECORD			
DEPTH SET AT - FEET		MATERIAL AND TYPE	
FROM	TO	CEMENT GROUT LEAD PACKER, ETC.	
<i>22</i>	<i>4</i>	<i>ANNEALING CEMENT GROUT</i>	

PUMPING TEST	PUMPING TEST METHOD		PUMPING RATE		DURATION OF PUMPING	
	<input type="checkbox"/> PUMP	<input checked="" type="checkbox"/> HAULER	<i>20</i>	GPM	<i>2</i>	HOURS
	STATIC LEVEL	WATER LEVEL END OF PUMPING	WATER LEVELS DURING			
	<i>39</i> FEET	<i>75</i> FEET	15 MINUTES	30 MINUTES	45 MINUTES	60 MINUTES
IF FLOWING, GIVE RATE		PUMP INTAKE SET AT		WATER AT END OF TEST		
GPM		FEET		<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY		
RECOMMENDED PUMP TYPE		RECOMMENDED PUMP SETTING		RECOMMENDED PUMPING RATE		
<input type="checkbox"/> SHALLOW <input checked="" type="checkbox"/> DEEP		<i>78</i> FEET		<i>20</i> GPM		

LOCATION OF WELL	
IN DIAGRAM BELOW SHOW DISTANCES OF WELL FROM ROAD AND LOT LINE. INDICATE NORTH BY ARROW.	
60154	
DRILLER'S REMARKS	

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

CONTRACTOR	NAME OF WELL CONTRACTOR <i>JACK KNOX WELL DRILLING</i>	WELL CONTRACTOR'S LICENCE NUMBER <i>3202</i>
	ADDRESS <i>CLEBURNE ONT</i>	
	NAME OF WELL TECHNICIAN <i>Ray Knox - Wayne Smart</i>	WELL TECHNICIAN'S LICENCE NUMBER <i>T-6041</i>
	SIGNATURE OF TECHNICIAN/CONTRACTOR <i>Ray Knox</i>	EXPIRES DATE DAY _____ MO _____ YR _____

OFFICE USE ONLY	