

Well Owner's Information

First Name: **Herb** Last Name / Organization: **Benedikt** E-mail Address: _____ Well Constructed by Well Owner

Mailing Address (Street Number/Name): **4639 Clark Rd** Municipality: **Harrowsmith Ont** Province: **Ont** Postal Code: **K0H 1V0** Telephone No. (inc. area code): **6135394093**

Well Location

Address of Well Location (Street Number/Name): _____ Township: **South Frontenac (Laugh)** Lot: **26** Concession: **8**

County/District/Municipality: **Frontenac** City/Town/Village: _____ Province: **Ontario** Postal Code: _____

UTM Coordinates: Zone: **18** Easting: **395880** Northing: **4923533** Municipal Plan and Sublot Number: _____ 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			0	3
GREY	GRANITE			3	45
GREY	GRANITE			45	140

Annular Space

Depth Set at (m/ft)	Type of Sealant Used (Material and Type)	Volume Placed (m ³ /ft ³)
20 0	CEMENT	8

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 _____				
If pumping discontinued, give reason: _____	Static Level	18.5		
Pump intake set at (m/ft): 138	1	22.5	1	51
Pumping rate (l/min / GPM): 56 P.M.	2	26.3	2	48.4
Duration of pumping: 2 hrs + 0 min	3	30.1	3	45.4
Final water level end of pumping (m/ft): 54.1	4	32.1	4	43.3
If flowing give rate (l/min / GPM): _____	5	33.8	5	42
Recommended pump depth (m/ft): 137	10	38.4	10	37.2
Recommended pump rate (l/min / GPM): 56 P.M.	15	41.4	15	33.3
Well production (l/min / GPM): 90 P.M.	20	44.1	20	30.2
Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25	46.3	25	27.4
	30	48.4	30	24.8
	40	50.4	40	19.9
	50	52	50	18.6
	60	54.1	60	18.5

Method of Construction

Cable Tool Diamond Public Commercial Not used
 Rotary (Conventional) Jetting Domestic Municipal Dewatering
 Rotary (Reverse) Driving Livestock Test Hole Monitoring
 Boring Digging Irrigation Cooling & Air Conditioning
 Air percussion Industrial Other, specify _____
 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	
6 1/4"	STEEL	188	0	20	<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 _____
6"	OPEN HOLE		20	140	

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	Hole Diameter
18	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	Depth (m/ft): From 0 To 20 Diameter (cm/in): 10"
32	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	Depth (m/ft): From 20 To 140 Diameter (cm/in): 6"
	<input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	

Well Contractor and Well Technician Information

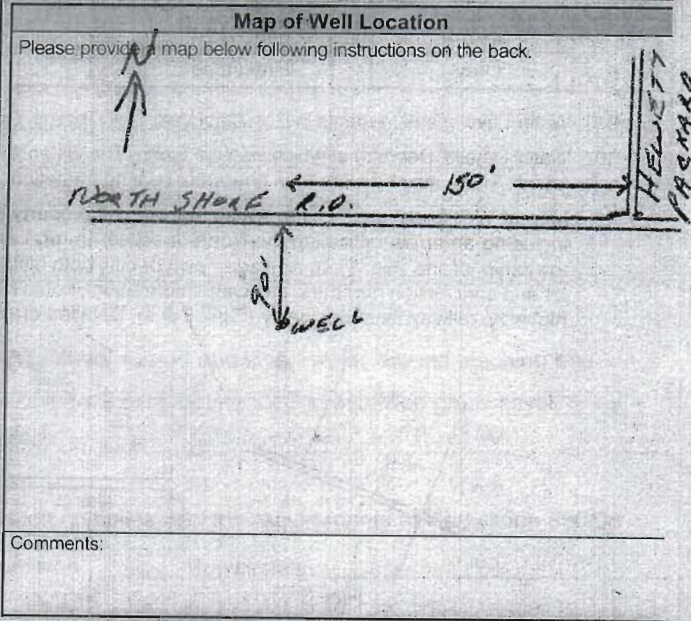
Business Name of Well Contractor: **Jack Knox Well Drilling Ltd** Well Contractor's Licence No.: **32 02**

Business Address (Street Number/Name): **550 Perth Rd** Municipality: **Glenburnie**

Province: **Ont** Postal Code: **K0H 1S0** Business E-mail Address: _____

Telephone No. (inc. area code): **6135466164** Name of Well Technician (Last Name, First Name): **Knox John**

Well Technician's Licence No.: **2181719** Signature of Technician and/or Contractor: **Kon Knox** Date Submitted: **Y Y Y Y M M D D**



Comments: _____

Well owner's information package delivered: Yes No

Date Package Delivered: **20090728**

Date Work Completed: **20090728**

Ministry Use Only

Audit No. **Z 94416**

Received: _____