



Ministry of the Environment

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Mark correct box with a checkmark, where applicable.

SOUTH BASIS LINE WPT

County or District FRONTENAC	Township/Borough/City/Town/Village WOLFE ISLAND	Con. block tract survey, etc. 13 13R12270 17	Lot 2
Owner's surname VANDEN HOEK	Address PO 153 WOLFE ISLAND	Date completed 9 11 97	Day month year

LOG OF OVERBURDEN AND BEDROCK MATERIALS (see instructions)				Depth - feet	
General colour	Most common material	Other materials	General description	From	To
BLUE	CLAY			0	19
BROWN	SHALE			19	19 1/2"
BLUE	LIMESTONE			19 1/2"	56
BROWN	LIMESTONE			56	58
BLUE	LIMESTONE			58	100

WATER RECORD	
Water found at - feet 96'	Kind of water <input type="checkbox"/> Fresh <input type="checkbox"/> Salty <input type="checkbox"/> Sulphur Minerals <input type="checkbox"/> Sulphur Gas <input type="checkbox"/> Fresh Sulphur Minerals <input type="checkbox"/> Salty Sulphur Gas <input type="checkbox"/> Fresh Sulphur Minerals <input type="checkbox"/> Salty Sulphur Gas <input type="checkbox"/> Fresh Sulphur Minerals <input type="checkbox"/> Salty Sulphur Gas <input type="checkbox"/> Fresh Sulphur Minerals <input type="checkbox"/> Salty Sulphur Gas

CASING & OPEN HOLE RECORD				
Inside diam inches 6 1/4"	Material <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> Concrete <input type="checkbox"/> Open hole <input type="checkbox"/> Plastic	Wall thickness inches 3/16	Depth - feet	
			From	To
			0'	22'

SCREEN	Size of opening (Slot No.)	Diameter inches	Length feet

PLUGGING & SEALING RECORD		
<input checked="" type="checkbox"/> Annular space <input type="checkbox"/> Abandonment		
Depth set at - feet	Material and type (Cement grout, bentonite, etc.)	
From To		
22	5	CEMENT GROUT

PUMPING TEST	
Pumping test method <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer	Pumping rate 10 GPM
Duration of pumping Hours 2 Mins 0	
Static level 27' feet	Water level and of pumping 97' feet
Water levels during	<input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Recovery
15 minutes 27' feet	30 minutes 27' feet
45 minutes 27' feet	60 minutes 27' feet
If flowing give rate GPM	Pump intake set at feet
Recommended pump type <input type="checkbox"/> Shallow <input checked="" type="checkbox"/> Deep	Recommended pump setting 97 feet
	Water at end of test <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy
	Recommended pump rate 10 GPM

LOCATION OF WELL	
In diagram below show distances of well from road and lot line. Indicate north by arrow.	
203751	

FINAL STATUS OF WELL		
<input checked="" type="checkbox"/> Water supply	<input type="checkbox"/> Abandoned, insufficient supply	<input type="checkbox"/> Unfinished
<input type="checkbox"/> Observation well	<input type="checkbox"/> Abandoned, poor quality	<input type="checkbox"/> Replacement well
<input type="checkbox"/> Test hole	<input type="checkbox"/> Abandoned (Other)	
<input type="checkbox"/> Recharge well	<input type="checkbox"/> Dewatering	

WATER USE		
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input type="checkbox"/> Not use
<input type="checkbox"/> Stock	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Public supply	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Cooling & air conditioning	

METHOD OF CONSTRUCTION		
<input checked="" type="checkbox"/> Cable tool	<input type="checkbox"/> Air percussion	<input type="checkbox"/> Driving
<input type="checkbox"/> Rotary (conventional)	<input type="checkbox"/> Poring	<input type="checkbox"/> Digging
<input type="checkbox"/> Rotary (reverse)	<input type="checkbox"/> Diamond	<input type="checkbox"/> Other
<input type="checkbox"/> Rotary (air)	<input type="checkbox"/> Jetting	

Name of Well Contractor JACK KNOX WELL DRILLING	Well Contractor's Licence No. 3202
Address GLAINBURNIE	
Name of Well Technician JACK KNOX SHANE PAUL T-0370	Well Technician's Licence No.
Signature of Technician/Contractor <i>[Signature]</i>	Submission date day mo yr

MINISTRY USE ONLY	

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