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Mark correct box with a checkmark, where applicable.

11

2514586

Municipality **25012** Con. **CON** **06**

County or District **GRANT** Township/Borough/City/Town/Village **Proton** Con block tract survey, etc. **CON 6** Lot **22**
Address **RR #1 Dundalk NOC130** Date completed **25 5 01**
day month year

LOG OF OVERBURDEN AND BEDROCK MATERIALS (see instructions)

General colour	Most common material	Other materials	General description	Depth - feet	
				From	To
Brown	silty sand			0	14
Brown	sand silty gravel		wet	14	52
Gray	clay gravel			52	58
Brown	gravel stones clay			58	93
Gray	Limestone		hard	93	118

31
32

41 WATER RECORD

Water found at - feet	Kind of water
102	1 <input checked="" type="checkbox"/> Fresh 2 <input checked="" type="checkbox"/> Salty 3 <input type="checkbox"/> Sulphur 4 <input type="checkbox"/> Minerals 5 <input type="checkbox"/> Gas
113	1 <input checked="" type="checkbox"/> Fresh 2 <input checked="" type="checkbox"/> Salty 3 <input type="checkbox"/> Sulphur 4 <input type="checkbox"/> Minerals 5 <input type="checkbox"/> Gas

51 CASING & OPEN HOLE RECORD

Inside diam inches	Material	Wall thickness inches	Depth - feet	
			From	To
6	1 <input type="checkbox"/> Steel 2 <input type="checkbox"/> Galvanized 3 <input type="checkbox"/> Concrete 4 <input type="checkbox"/> Open hole 5 <input type="checkbox"/> Plastic	1.88	1	95
6	1 <input type="checkbox"/> Steel 2 <input type="checkbox"/> Galvanized 3 <input type="checkbox"/> Concrete 4 <input type="checkbox"/> Open hole 5 <input type="checkbox"/> Plastic		95	118

SCREEN

Sizes of opening (Slot No.)	Diameter inches	Length feet

Material and type _____ Depth at top of screen _____ feet

61 PLUGGING & SEALING RECORD

Depth set at - feet		Material and type (Cement grout, bentonite, etc.)
From	To	
0	50	Benseal

71 PUMPING TEST

Pumping test with Pump Bailor

Pumping rate **40** GPM Duration of pumping **1** Hours **16** Mins

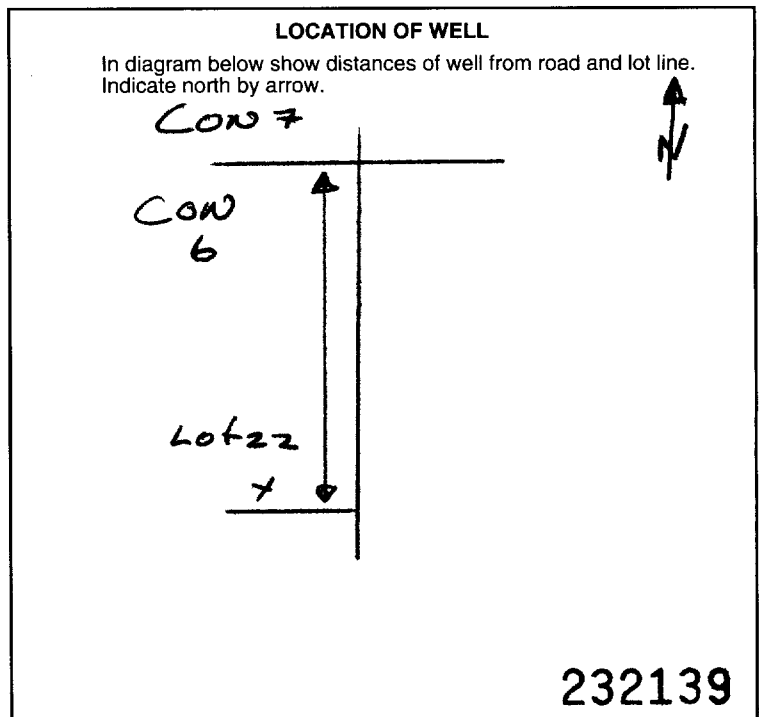
Static level **10** feet Water level end of pumping _____ feet

Water levels during 1 Pumping 2 Recovery

15 minutes **16** feet 30 minutes **11** feet 45 minutes _____ feet 60 minutes _____ feet

If flowing give rate _____ GPM Pump intake set at _____ feet Water at end of test Clear Cloudy

Recommended pump type Shallow Deep Recommended pump setting **50** feet Recommended pump rate **25** GPM



FINAL STATUS OF WELL

Water supply 5 Abandoned, insufficient supply 9 Unfinished
 Observation well 6 Abandoned, poor quality 10 Replacement well
 Test hole 7 Abandoned (Other)
 Recharge well 8 Dewatering

WATER USE

Domestic 5 Commercial 9 Not use
 Stock 6 Municipal 10 Other
 Irrigation 7 Public supply
 Industrial 8 Cooling & air conditioning

METHOD OF CONSTRUCTION

Cable tool 5 Air percussion 9 Driving
 Rotary (conventional) 6 Boring 10 Digging
 Rotary (reverse) 7 Diamond 11 Other
 Rotary (air) 8 Jetting

Name of Well Contractor **Highland Water Wells** Well Contractor's Licence No. **2576**
Address **Box 141 Durham NO6120**
Name of Well Technician **ERICH WILSON** Well Technician's Licence No. **70113**
Signature of Technician/Contractor _____ Submission date **25** mo **5** yr **01**

MINISTRY USE ONLY

Data source **2576** Contractor **2576** Date received **MAY 31 2001**
Date of inspection _____ Inspector _____
Remarks _____

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