

Well Construction Report



Sheet ___ of ___

For PDF submission: Report must be printed on legal size paper (8.5 x 14 inches) and be signed in ink.

Form No. WELLCON-V01-PDF

<p>Owner Name: _____ First _____ Last _____ Mailing Address _____ Town/City _____ Postal Code _____ Phone _____ Email _____</p>	<p>Well Location: (see note 3; attach sketch if necessary) Civic Address _____ (if different than mailing address) Quarter _____ Section _____ Township _____ Range _____ <input type="checkbox"/> E <input type="checkbox"/> W Parish _____ Type & Lot No. _____</p>
<p>Well Name: (if applicable) _____ Well Identification Tag Number _____ Location of Tag <input type="checkbox"/> Attached to casing stick-up <input type="checkbox"/> Other (specify) _____</p>	<p>GPS: (see note 4), Accuracy +/- _____ <input type="checkbox"/> feet <input type="checkbox"/> metres Latitude (decimal degrees) _____ Longitude (decimal degrees) _____</p> <p>Rockwood Sensitive Area: <input type="checkbox"/> Yes - Permit No. _____ <input type="checkbox"/> No</p>

<p>Test Hole (see note 5) - Sealed <input type="checkbox"/> Yes <input type="checkbox"/> No or Well Use: <input type="checkbox"/> test well - Sealed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> production/source <input type="checkbox"/> recharge/return <input type="checkbox"/> monitoring <input type="checkbox"/> dewatering <input type="checkbox"/> geotechnical <input type="checkbox"/> other (specify) _____</p>	<p>Method of Construction: <input type="checkbox"/> auger <input type="checkbox"/> bored <input type="checkbox"/> backhoe/dug <input type="checkbox"/> rotary (mud) <input type="checkbox"/> rotary (air) <input type="checkbox"/> dual rotary <input type="checkbox"/> driven <input type="checkbox"/> jetted <input type="checkbox"/> other (specify) _____</p>	<p>Water Use: (Check all that apply) <input type="checkbox"/> domestic <input type="checkbox"/> public/semi-public <input type="checkbox"/> irrigation <input type="checkbox"/> commercial/industrial <input type="checkbox"/> livestock/poultry <input type="checkbox"/> earth energy (heating/cooling) <input type="checkbox"/> other (specify) _____</p>
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Lithologic Description: (see notes 6 and 7) - Measure From/To depths from ground surface. Attach another sheet if needed.

From (ft)	To (ft)	Colour	Material Description (use recommended names on guide)	Observations
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Well Construction: (see note 8) - Measure From/To depths from ground surface. Attach another sheet if needed.

From (ft)	To (ft)	Borehole	Casing	Liner	Open Hole	Well Screen	Surface Seal	Annular Fill	Filter Pack	ID (inches)	OD (inches)	Type of Material (ex: casing and screen material, screen type and slot size, use of shale traps, packers, screen blanks or tail pipes, and type and size of surface seal/annular fill/filter pack material)	Method of Placement (ex: poured, tremie)

<p>Well Completion: Day _____ Month _____ Year 20 _____ Top of casing _____ inches <input type="checkbox"/> ags <input type="checkbox"/> bgs; Well vented: <input type="checkbox"/> Yes <input type="checkbox"/> No Well disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No; Well cover installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Pitless adapter/unit installed at _____ feet bgs; <input type="checkbox"/> Not installed</p>	<p>Source of Drilling Water: <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water Water contains a minimum of 10 mg/L free chlorine: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Location of water source _____</p>
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Drilling Additives Used: Yes (list type & quantity) _____ No

<p>Well Yield Test (see note 9), Date of Test: Day _____ Month _____ Year 20 _____ <input type="checkbox"/> Same as date of well completion Static Water Level Before Test _____ feet <input type="checkbox"/> bgs <input type="checkbox"/> ags Method of Test: <input type="checkbox"/> pumping <input type="checkbox"/> air lift <input type="checkbox"/> bailing <input type="checkbox"/> recovery <input type="checkbox"/> other (specify) _____ Water level at end of test _____ feet <input type="checkbox"/> bgs <input type="checkbox"/> ags Length of test _____ hours _____ minutes Estimated rate of discharge _____ <input type="checkbox"/> IGPM <input type="checkbox"/> USGPM</p>	<p>Well Development: <input type="checkbox"/> air lifting <input type="checkbox"/> surging <input type="checkbox"/> pumping <input type="checkbox"/> jetting <input type="checkbox"/> bailing <input type="checkbox"/> hydrofracturing <input type="checkbox"/> other (specify) _____ Water Quality Characteristics: <input type="checkbox"/> fresh <input type="checkbox"/> salty <input type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> sediment <input type="checkbox"/> odour (specify) _____</p> <p>Flowing Artesian Well <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, estimated rate of artesian flow _____ <input type="checkbox"/> IGPM <input type="checkbox"/> USGPM Annular space cemented: <input type="checkbox"/> Yes <input type="checkbox"/> No Flow control device installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Does water leak from around the outside of the casing: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Recommended Pumping Rate: _____ IGPM USGPM with pump intake at _____ feet bgs;
 Will your company be installing a pump?: Yes No

Remarks (see note 10) _____

Well Drilling Contractor: Company Name _____ Licence No. _____
 Well Driller: Print Name _____ Signature _____

Declaration: I certify that to the best of my knowledge the information provided herein is accurate and true and complies with The Groundwater and Water Well Act.