

Well ID:	<input type="checkbox"/> Metric <input type="checkbox"/> Imperial		
<b>Well information</b>			
Well address and lot number (if applicable)		Sketch of well location (please include a north arrow)	
City			
Province/territory	Postal code		
Elevation of top of casing (m/ft)	NAD 83: Zone		
UTM easting	UTM northing		
Purpose of well: <input type="checkbox"/> domestic <input type="checkbox"/> irrigation <input type="checkbox"/> municipal <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> environmental <input type="checkbox"/> other: _____		Drilling method: <input type="checkbox"/> sonic <input type="checkbox"/> air rotary <input type="checkbox"/> mud rotary <input type="checkbox"/> auger <input type="checkbox"/> other: _____	
<b>Well construction</b>			
Date well completed: <span style="color: grey;">YYYY/MM/DD</span>			
<b>Casing</b>		<b>Screen</b>	
Outside diameter (cm/in):		Outside diameter (cm/in):	
Casing material:		Screen material:	
Wall thickness (cm/in):		Screen type:	
Casing depth (m/ft):		Depth:	Slot size:
Liner: <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____		From:                      to:                      (m/ft)	cm/in
<b>Surface seal</b>		From:                      to:                      (m/ft)	cm/in
Type	Diameter (cm/in)	From:                      to:                      (m/ft)	cm/in
Depth (m/ft)	Volume (m <sup>3</sup> /ft <sup>3</sup> )	From:                      to:                      (m/ft)	cm/in
<b>Gravel pack</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, depth (m/ft):		Type:	Diameter (cm/in):
<b>Well development and status</b>			
Final well data:   Stick-up: _____ (m/ft)   SWL: _____ (m/ft, btoc)   Well cap: _____			
Artesian flow: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Developed by: <input type="checkbox"/> Surging <input type="checkbox"/> Air lifting <input type="checkbox"/> Jetting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing <input type="checkbox"/> Other: _____			
Well yield by: <input type="checkbox"/> Air lifting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing <input type="checkbox"/> Other: _____   Rate: _____ (lps/gpm)			
Duration: _____ (hrs)			
Water quality: <input type="checkbox"/> Fresh <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Sediment <input type="checkbox"/> Gas <input type="checkbox"/> Temp.: _____			
Colour: _____   Odour: _____			
Closure:   Reason of closure: _____   Method of closure: _____			
Sealant material: _____   Backfill material: _____			

**Well contractor**

Drilling company

Drilling date

YYYY/MM/DD

**Consultant (if applicable)**

Company name

Report reference

**Log of overburden and bedrock materials**

All depths are below ground surface – mark an “X” in applicable descriptors provided. Use codes for relative abundance of Surficial Material of each major class, such as P = primary, S = secondary, T = trace

From m/ft (bgl)	To m/ft (bgl)	Surficial material							Bedrock material							Colour							Hardness				Water content						Other observations [e.g. other geological materials (e.g. boulders), visible ice, est. water bearing flow (USgpm), or closure details]			
		Clay	Silt	Till	Sand with clay/silt	Sand, fine-med	Sand, med-coarse	Sand with gravel	Siltstone/shale	Sandstone	Conglomerate	Limestone	Basalt	Volcanic	Cyrstalline	Other surficial	Red	Orange	Brown	Tan	Light grey	Blue	Green	Dark grey	Very hard	Hard	Moderate	Loose	Dry	Moist	Saturated	High production		Lost circulation	Frozen	

Permafrost encountered:  No  Yes      If yes, indicated depth: from \_\_\_\_\_ to \_\_\_\_\_ (m/ft)