

Measurements recorded in: Metric Imperial

Well Owner's Information

First Name: _____ Last Name/Organization: Vista Invest. Muskoka Inc E-mail Address: _____ Well Constructed by Well Owner

Mailing Address (Street Number/Name): 36 Couplie St. Municipality: Huntsville Province: ON Postal Code: P1H 1M4 Telephone No. (inc. area code): _____

Well Location

Address of Well Location (Street Number/Name): Pine Haven Estates Township: Huntsville Lot: #-18 Concession: _____

County/District/Municipality: Muskoka City/Town/Village: Part Sudbrey Province: **Ontario** Postal Code: H1P 3L4

UTM Coordinates Zone: 17 Easting: 635200 Northing: 5006431 Municipal Plan and Sublot Number: _____ Other: Concessional Rd

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
<u>Brown</u>	<u>SAND</u>	<u>SILT</u>		<u>0</u>	<u>175</u>
<u>Grey</u>	<u>GRANITE</u>		<u>BROKEN</u>	<u>175</u>	<u>176</u>

Annular Space

Depth Set at (m/ft) From	To	Type of Sealant Used (Material and Type)	Volume Placed (m ³ /ft ³)
<u>0</u>	<u>80</u>	<u>BENTONITE</u>	<u>6.9</u>

Results of Well Yield Testing

After test of well yield, water was:
 Clear and sand free
 Other, specify _____

If pumping discontinued, give reason: _____

Pump intake set at (m/ft): 80

Pumping rate (l/min / GPM): 5

Duration of pumping: 1 hrs + _____ min

Final water level end of pumping (m/ft): 36'

If flowing give rate (l/min/GPM): _____

Time (min)	Draw Down		Recovery	
	Water Level (m/ft)	Time (min)	Water Level (m/ft)	Time (min)
Static Level	<u>34'3"</u>		<u>36</u>	
1	<u>35-8</u>	1	<u>34-6</u>	
2	<u>36</u>	2	<u>34-4</u>	
3	<u>36</u>	3	<u>34.3</u>	
4	<u>36</u>	4	<u>34.3</u>	
5	<u>36</u>	5	<u>34.3</u>	
10	<u>36</u>	10	<u>34.3</u>	
15	<u>36</u>	15	<u>34.3</u>	
20	<u>36</u>	20	<u>34.3</u>	
25	<u>36</u>	25	<u>34.3</u>	
30	<u>36</u>	30	<u>34.3</u>	
40	<u>36</u>	40	<u>34.3</u>	
50	<u>36</u>	50	<u>34.3</u>	
60	<u>36</u>	60	<u>34.3</u>	

Recommended pump depth (m/ft): 80

Recommended pump rate (l/min/GPM): 5

Well production (l/min/GPM): 20+

Disinfected? Yes No

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 _____

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	
<u>6 1/4</u>	<u>STEEL</u>	<u>1.88</u>	<u>1.2</u>	<u>176</u>	<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 _____

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 checked="" type="checkbox"/> Fresh <input type="checkbox"/> Untested <input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	Hole Diameter	
		Depth (m/ft) From	To Diameter (cm/in)
<u>176</u>		<u>0</u>	<u>20</u> <u>10</u>
		<u>80</u>	<u>175</u> <u>6 1/8</u>
		<u>175</u>	<u>176</u> <u>6</u>

Well Contractor and Well Technician Information

Business Name of Well Contractor: Ransome Well Drilling Well Contractor's Licence No.: 7111610

Business Address (Street Number/Name): Box 454 Municipality: Burks Falls

Province: ON Postal Code: P0A 1C0 Business E-mail Address: _____

Bus. Telephone No. (inc. area code): 705 218 9355 Name of Well Technician (Last Name, First Name): RANDY ROBERT (RGR)

Well Technician's Licence No.: 218115 Signature of Technician and/or Contractor: _____ Date Submitted: 2013/10/07

Map of Well Location

Please provide a map below following instructions on the back.

Comments: FREE CHLORINE RES. 50-100 PPM

Well owner's information package delivered: Yes No

Date Package Delivered: 2013/10/07

Date Work Completed: 2013/10/07

Ministry Use Only

Audit No. **Z341294**

Received: _____