

First Name: **Box Vintage Homes** E-mail Address: **Unk.**  Well Constructed by Well Owner  
 Mailing Address (Street Number/Name, RR): **RR 2 Belleville Ont.** Province: **Ont.** Postal Code: **K8N4Z2** Telephone No. (inc. area code): **6139695153**  
 Address of Well Location (Street Number/Name, RR): **2417 Hwy. 62** Township: **Sophiasburgh** Lot Pt., 4 & 5 Concession: **61 I.W.G.P.**  
 County/District/Municipality: **Prince Edward County** Province: **Ontario** Postal Code: **Unk.**  
 UTM Coordinates: Zone: **18** Easting: **315847** Northing: **4879832** GPS Unit Make: **Garmin** Model: **ETREX** Mode of Operation:  Undifferentiated  Averaged  Differentiated, specify:

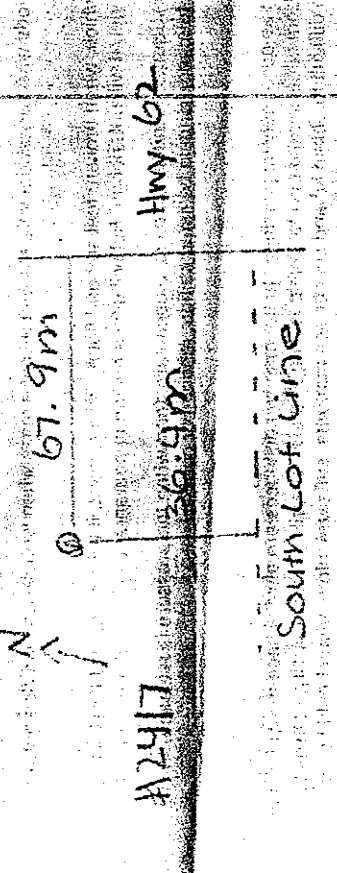
General Colour	Most Common Material	Other Materials	General Description	Depth (Metres) From	To
Brown	Clay Till		Packard	0	1.2
Grey	Limestone		Hard	1.2	31.1

**Sealant Information**

Depth Set at (Metres) From	To	Type of Sealant Used (Material and Type)	Volume Placed (Cubic Metres)
6.0	0	Bentonite	.20

- Tools and Equipment**
- Cable Tool
  - Rotary (Conventional)
  - Rotary (Reverse)
  - Rotary (Air)
  - Air percussion
  - Other, specify
  - Public
  - Domestic
  - Livestock
  - Irrigation
  - Industrial
  - Other, specify
  - Dewatering Well
  - Replacement Well
  - Test Hole
  - Recharge Well
  - Commercial
  - Municipal
  - Test Hole
  - Cooling & Air Conditioning
  - Not used
  - Dewatering
  - Monitoring

Please provide a map below showing:  
 - all property boundaries, and measurements sufficient to locate the well in relation to fixed points,  
 - an arrow indicating the North direction  
 - detailed drawings can be provided as attachments no larger than legal size (8.5" by 14")  
 - digital pictures of inside of well can also be provided



Date Well Completed (yyyy/mm/dd): **2007/10/15** Was the well owner's information package delivered?  Yes  No  
 Date the Well Record and Package Delivered to Well Owner (yyyy/mm/dd): **2007/10/15**

**Well Contractor Information**  
 Business Name of Well Contractor: **CHALK WELLS DRILLING LTD.** Well Contractor's Licence No.: **1 | 5 | 0 | 7**  
 Business Address (Street No./Name, number, RR): **RR 6** Municipality: **Napanee**  
 Province: **Ont.** Postal Code: **K7R3G1** Business E-mail Address: **chalkwells@kos.net**

Bus. Telephone No. (inc. area code): **6133882111** Name of Well Technician (Last Name, First Name): **Chalk, Kevin**  
 Well Technician's Licence No.: **T | 6 | 2 | 7** Signature of Technician: *[Signature]* Date Submitted (yyyy/mm/dd): **2007/10/15**  
 Remarks:

**Draw Down**

Time (Min)	Water Level (Metres)	Static Level	Recovery
1	15.3	15.4	15.2
2	15.3	15.4	15.1
3	15.3	15.4	
4	15.4	15.4	
5	15.4	15.4	
10	15.4	15.4	
15	15.4	15.4	
20	15.4	15.4	
25	15.4	15.4	
30	15.4	15.4	
40	15.4	15.4	
50	15.4	15.4	
60	15.4	15.4	

Check box if after test of well yield, water was:  
 Clear and sand free  
 Cannot develop to sand-free state  
 If pumping discontinued, give reason:  
 Pumping test method: **Pump**  
 Pump intake set at (Metres): **30.1**  
 Pumping rate (Litres/min): **45.4**  
 Duration of pumping (hrs + 0 min): **1**  
 Final water level end of pumping (Metres): **15.4**  
 Recommended pump type:  Shallow  Deep running  
 Recommended pump depth (Metres): **30.1**  
 Recommended pump rate (Litres/min): **227.0**  
 If flowing give rate (Litres/min):

**Water found at Depth**  
 Kind of Water:  Unfiltered  Filtered  
 Kind of Water:  Fresh  Salty  Sulphur  Minerals  
 Water found at Depth (Metres): **29.6**  
 Kind of Water:  Fresh  Salty  Sulphur  Minerals  
 Water found at Depth (Metres): **6.0**  
 Kind of Water:  Fresh  Salty  Sulphur  Minerals  
 Diameter of the Hole (Centimetres): **25.4**  
 Depth of the Hole (Metres): **6.0**  
 Wall Thickness (Metres): **.48 cm**  
 Inside Diameter of the Casing (Metres): **15.8**  
 Depth of the Casing (Metres): **6.0**

Disinfected?  Yes  No  
 Open Hole  Yes  No  
 Date Received (yyyy/mm/dd): **2007/10/15** Date of Inspection (yyyy/mm/dd):  
 Remarks: