

Department of Environment Water Resources Section V-310 Yukon Water Well Registry Box 2703 Whitehorse, Yukon Y1A 2C6

107071027 Well ID: To be assigned by Dept. Of Environment

WATER WELL DRILLERS FORM

Well Record Page 1 of 2

115G07

INSTRUCTIONS FOR COMPLETING THE FORM

- 1. Additional information is provided at the bottom of this form on page 2.
- 2. Question can be directed to Water Resources at 867 667-3171.
- 4. Please print clearly in blue or black ink.
- 5. Completion and submission of this form is the responsibility of the drilling contractor.

/ELL LOCATION AND OWNER'S INFORMATION	A1 Well Name: Optional (i.e. City Well No. 2)
	Company / Department / Organization
2 Drilled For:	
3 Street Address of Well Location: 10, 15 aug	Sketch of Well Location In sketch, indicate distances from property line, septic field, fuel tank(s) and building.
4 Town / Village / Area / Lot #: Destruction	Please include North arrow.
A5 UTM Coordinates (using handheld GPS): NAD 8	3 Zone 0 7
295216 Easting	17736 moses
A6 Elevation of Top of Casing: m/ft/	
A7 Accuracy of GPS: +/- m	Alaska Hu
A8 Purpose of Wells	☐ Environmental (Quality)
☐ Domestic ☐ Test Well ☐ Irrigation ☐ Commercial ☐ Municipal ☐ Observation -	
☐ Industrial ☐ Agricultural ☐ Public/Recrea	
OG OF OVERBURDEN AND BEDROCK MATERIALS	'All depths are below ground surface, circle appropriate units, use descriptors provided) "trace" < 10% (i.e. SILT trace gravel)
EXAMPLE (brown, grey, green, black, CLAY, SILT, SAND, G	"some" 10-20% (i.e. SAND some gravel)
ONLY redish, beige, olive, yellowish) brown COBBLES, BOULDERS, SAND	
Depth (m/ft) B4 General Colour B5 Most Common N	
B2 From B3To	Λ
5 Ches Samo	gravel
15 157 Clay	Sand
150 Light Comes Gra	rel 711t
150 150	
B8 Permafrost Encountered: NO 27ES If yes, i	ndicated depth (m / ft): from: [5] to: [152]
WELL CONSTRUCTION (Continues on Page 2) Date	e Well Example: 2005 01 31
C1 Drilling Method Atr Rotary (Conventional) Dug	Y Y Y M M D D Other (please specify) C2 Well Type: In what geological material is water producing zone located.
Reverse Air Rotary Cable To	
1 100 may 2	ollow / Solid Stem)
Casing (depth below ground surface, please circle appropriate units)	C7 Other Comments Regarding Casing Wall Thickness C6 Casing Depth to:
	(cm/in) (m/ft)
☐ Plastic	

Surface / Environmental Seal (depth below ground surface, please circle appropriate units)			
C8 Seal Material Type: C9 Diameter of Seal: C10 Seal Depth from: C11 Seal Depth to: (i.e. Bentonite) (m / ft) (m / ft)	C12 Volume Placed: m / ft) (m³ / ft³)		
Gravel Pack (depth below ground surface, please circle appropriate units)			
C13 Gravel Pack: NO If yes, indicated depth (m / ft):	Material type: (i.e. silica)		
Well Screen Information (depth below ground surface, please circle appropriate units) C17 Depth from: C18 De	pth to: Slot Size / Perforation [
C14 Outside C15 Screen Material C16 Screen Type Screen 2. (m/ft) Diameter (cm/in) Steel Louver Screen Screen 3. (m/ft) Plastic Perforated	(m/ft) Thou./mm/inc (m/ft) Thou./mm/inc (m/ft) Thou./mm/inc Thou./mm/inc		
WELL DEVELOPMENT AND STATUS			
D1 Well Developed by Surge Block Water Jetting Air Jetting / Air Lifting Bailing Pumping Other: D2 Well Head Completion D3 Well Head Stick-up (above ground surface) (below top of casing) (m / ft) (Use negative if below grade) (Use negative if below grade) D7 Well Abandonment State	us D8 Method Used to		
D6 Final Well Status ☐ Water Supply (in use) ☐ Not in use ☐ Stand by (Back-up) ☐ Deepened ☐ Other: ☐ Abandoned ☐ Dry ☐ Poor Quality ☐ Artesian conditions ☐ Artesian conditions Was the well properly dec with bentonite grout? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	YES Air Lifting Bailing Pumping Test (If lest conducted, comp. Pumping Test Record)		
PUMPING TEST RECORD AND GROUNDWATER QUALITY F1 Well Water Level	Drawdown/Recovery DATA		
All depths below ground, circle appropriate units) E1 Pumping Test Information Time Water Leven (min) (mr / ft)	Recovery Time Water Level (min) (m/ft) 0 (FWL) 1 2 3 4 5 10 15 20 25 30 40 50 60 West No If yes, indicate the name of the laborator M D D Vater		
☐ Salty Was the well disinfected upon completion Date Sample Taken:	If yes, indicate the name of the laborator		
☐ Sulphur / Egg Odour of the pump installation? ☐ YES ☐ NO	1 ALS		
☐ Organic Taste / Odour ☐ Metallic Taste ☐ Other: ☐ Weather State / Odour Briefly describe method of well disinfection. ☐ Weather State ☐ Other: ☐	M D D		
	olicable)		
WELL CONTRACTOR H1 Name of Contractor / Drilling Company: (I app	incable)		
H2 Name of Driller(s):			
H3 Address of Driller: Nox 1729 (1/14e) 4-T 13 Report Reference:			
I 4 Report Date:	Y Y Y M M D D		
Date Submitted to Dept. Of Environment ADDITIONAL INSTRUCTIONS Upon completing this form, please mail or fax it to: Water Resources Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorse, Yukon, Canada Y1A 2C6 Please feel free to contact us at: Phone: (867) 667-3171, Toll free (in Yukon): (1-800) 661-0408, local 3171) Fax: (867) 667-3195 E-mail: Water.Resources @ gov.yk.ca Page submitted to Dept. Of Environment Information contained on this form is coll Information and Protection of Privacy (ATIPP) Act, public database of well and ground water informat Manager of Hydrology, Water Resources at (867) 1-800-661-0408 Ext 3223. I have read the above clause and understand the purpose for collection of personal Information.	, Section 29 (c) and will be used to compile a tion. For further information contact the		