

Date: Aug 31/06

Well Owner: [redacted]
Address: Lot 1251 Takhini Hot Springs Road
Phone: [redacted] Fax: [redacted]
Driller: [redacted]

Contractor: Pathway Water Resources
Address: _____
Phone: _____ Fax: _____
Driller: _____

General Information

Well Location: At owners address Other
Water Quality: Good Poor, why _____

Water Analysis: chemical Biological none

Comments: _____
Taste: _____

Water use: domestic Stock Garden
 Irrigation Heat pump Industry
 Community supply; number of connections _____
 Other _____

Aquifer: Rock Sand and gravel

Well Capacity

Capacity: dry hole Inadequate
 Satisfactory for proposed use

Capacity test: Bail test Air lift Pump test

Length of test: 1 hr minutes Rate: 7 gpm

Water level at start: 135'

Drawdown at end: 135'

Estimated well capacity: 10 gpm.

Was a water sample taken at end of test? Yes No

Final well completion

Cover on casing Welded plate Pitless adaptor
 Aluminium cover Well seal

Casing: above ground In pit In old dug well

Is casing sealed? Yes No

If Yes, describe: _____

Is site protected from obvious hazards, ie. poor drainage, grazing animals, buried fuel tanks, etc. Yes No

If no, what can be done? _____

If well location cannot be described from a road address, please sketch approximate location on reverse side of file copy of well record or attach separate sheet.

Well Log		Metres <input type="checkbox"/>	Feet <input type="checkbox"/>
From	To	Description	
0	225	silty sand fine	
225	235	course sand (brown)	
235	251	course sand (grey) wet.	

* If drilling is in rock, note depth of fractures which make water.

Well Construction

Surface Casing: Diameter 8"
Length 18' Stick up _____
 removed Left in place

Well Casing: Diameter 6"
Length 248'7" Stick up 18"
Wall thickness: .250
Casing shoe yes no

Completion: well screen slotted pipe
 open end other

Well screen: stainless galvanized steel
 plastic
from 250'7" to 245'9" slot width 20
from _____ to _____ slot width _____

Design based on: sieve analysis
 estimated slot size

Other screen data: _____

Development method: surge bail air
 water jet pump other _____

Static water level below ground: 135'
 flowing Rate: _____

WELL CONSTRUCTION (Continued from Page 1)

Surface / Environmental Seal (depth below ground surface, please circle appropriate units)

C8 Seal Material Type: Bentonite Chip (i.e. Bentonite)
 C9 Diameter of Seal: 8 (cm/in)
 C10 Seal Depth from: 0 (m/ft)
 C11 Seal Depth to: 8 (m/ft)
 C12 Volume Placed: _____ (m³/ft³)

Gravel Pack (depth below ground surface, please circle appropriate units)

C13 Gravel Pack: NO If yes, indicated depth (m/ft): _____
 YES from: _____ to: _____ Indicate diameter of material: _____ (mm/inches) Material type: _____ (i.e. silica)

Well Screen Information (depth below ground surface, please circle appropriate units)

C14 Outside Diameter: 5 (cm/in)
 C15 Screen Material: Stainless Steel Steel Plastic N/A Other: _____
 C16 Screen Type: Continuous Wire Wrap Louver Screen Perforated Slotted Open Hole
 C17 Depth from: Screen 1. 250' 7" (m/ft) Screen 2. _____ (m/ft) Screen 3. _____ (m/ft)
 C18 Depth to: 245' 7" (m/ft) _____ (m/ft) _____ (m/ft)
 Slot Size / Perforation Dia: 20 (Thou./mm/inches) _____ (Thou./mm/inches) _____ (Thou./mm/inches)
 C19 Screen Comments: _____

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Surge Block Water Jetting Air Jetting / Air Lifting Bailing Pumping Other: _____
 D2 Well Head Completion: Well House Pitless Adaptor Depth of adaptor: 8 (m/ft) Well Pit (NOT PERMITTED) None (well not completed)
 D3 Well Head Stick-up (above ground surface): 18" (m/ft) (Use negative if below grade)
 D4 Static Water Level (below top of casing): 235 (m/ft) (Use negative if below grade)
 D5 Well Yield Estimate: 10 (Lps/gpm)
 D6 Final Well Status: Water Supply (in use) Stand by (Back-up) Observation Not in use Deepened Other: _____ Abandoned If well was abandoned, please give reason: _____ Dry Poor Quality Insufficient Yield Artesian conditions
 D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? YES NO If YES, Indicate Date: _____
 D8 Method Used to Estimate Well Yield: Air Lifting Bailing Pumping Test (If test conducted, complete Pumping Test Record)

PUMPING TEST RECORD AND GROUNDWATER QUALITY

(All depths below ground, circle appropriate units)

E1 Pumping Test Information

Pumping Test Start Date: _____
 Y Y Y Y M M D D

Static Water Level (SWL): _____ (m/ft)

Pump Intake Set at: _____ (m/ft)

Duration of pumping: _____ hrs _____ min

Final Water Level (FWL) at end of Pumping Test: _____ (m/ft)

G1 GROUNDWATER QUALITY

Field Data

Date Measurements Taken: _____
 Y Y Y Y M M D D

Electrical Conductivity: _____ uS
 pH: _____
 Temperature: _____ °C

Groundwater Type

- Salty
- Sulphur / Egg Odour
- Organic Taste / Odour
- Metallic Taste
- Other: _____

RECOMMENDATIONS

Recomm. Pump Depth: _____ (m/ft)
 Recomm. Pumping Rate: _____ (Lps/gpm)
 If flowing, provide rate: _____ (Lps/gpm)

Turbidity/Sand Content

- Clear
- Slightly turbid/cloudy
- Moderately turbid/cloudy
- Turbid/cloudy
- Trace sand present
- No sand present

Well Disinfection

Was the well disinfected upon completion of the pump installation? YES NO

Briefly describe method of well disinfection.

F1 Well Water Level Drawdown/Recovery DATA

Drawdown		Recovery	
Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
0 (SWL)		0 (FWL)	
1		1	
2		2	
3		3	
4		4	
5		5	
10		10	
15		15	
20		20	
25		25	
30		30	
40		40	
50		50	
60		60	

Bacteria Testing

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken: 2010160905 Yukon Environment Health.
 Y Y Y Y M M D D

Chemical Analysis of Water

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken: 2010160905 ALS Environment
 Y Y Y Y M M D D

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: Cathway Water Resources
 H2 Name of Driller(s): _____
 H3 Address of Driller: _____
 Signature of Primary Driller: _____
 Date Submitted to Dept. Of Environment: _____
 Y Y Y Y M M D D

CONSULTANT (If applicable)

I 1 Company Name: _____
 I 2 Company Address: _____
 I 3 Report Reference: _____
 I 4 Report Date: _____
 Y Y Y Y M M D D

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

Personal information contained on this form is collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 29 (c) and will be used to compile a public database of well and ground water information. For further information contact the Manager of Hydrology, Water Resources at (867) 667-3223, toll free within Yukon 1-800-661-0408 Ext 3223.

I have read the above clause and understand the purpose for collection of personal information.

Signature of Well Owner