Well Owner: Date: Jary 10/06	Contractor: (a throay water florunces					
Address: Lot 1388 Plan 01-217  Takhini River Road-	Address: _ Rox 21048 Whse, yukon 11A6Pa  Phone: 668-7208 Fax: 668-7208					
none: Fax:	Driller: _					
General Information	777 297 297	Well I	og Metres Feet			
Well Location: At owners address Other	From	To	Description			
	0	160				
Water Quality: Good Poor, why	160	180	Line, silty sand			
	180	205	clay			
Water Analysis: Chemical Biological none	205	220	silty sand (fine) wet			
Comments:	220	348	elay			
Taste: Stock Garden	348	400	hard clay (hard driving)			
_	400	410	sandy sitt w/ water			
Irrigation Heat pump Industry	410	470	hardclay w/silty reams			
Community supply; number of connections	4170	480	course Sand			
Other						
Capacity:	Well Casin  Completion  Well screen  Design base  Other screen  Developme	struction asing: Dia Ler ng: Dia Ler Wal Cas n:  fro fro sed on:  en data: ent metho	ameter \( \sigma \) Stick up \( \text{Temoved} \) Left in place ameter \( \sigma \) ' Stick up \( \sigma \) ' Stick up \( \sigma \) ' Il thickness: \( \text{2.50} \) sing shoe \( \text{Yyes} \) yes \( \text{D} \) no well screen \( \text{D} \) slotted pipe open end \( \text{D} \) other stainless \( \text{D} \) galvanized steel plastic \( \text{m} \) \( \frac{478'}{180} \) to \( \frac{469'}{180} \) slot width \( \text{Sieve analysis} \) estimated slot size \( \text{d} \) surge \( \text{D} \) bail \( \text{D} \) air \( \text{mp} \) other \( \text{D} \) other			
ase sketch approximate location on reverse side of file copy of well record or attach separate sheet.	Static water level below ground: 205'  flowing Rate:					
			(0.00) ((0.0000 TT (0.00 1100			



Well Record Page 1 of 2

## WATER WELL **DRILLERS FORM**

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

Well ID: To be assigned by Dept. Of Environment

	INSTRUCTIONS	FOR C	OMPLETING	THE FORM
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- 4. Please print clearly in blue or black ink.

2. Question can b	e directed to Water Reso	bottom of this form on page 2 urces at 867 667-3171. I be reported to 0.1 m or 0.3 f	the drilling	contractor.	on of this form is the responsibility of mperial units for all measurements.
WELL LOCATION	ON AND OWNER'S IN	FORMATION	A1 Well Name	:	Optional (i.e. City Well No. 2)
	First Name	l act l	Name	Company	/ Department / Organization
A2 Drilled For:	T Hot Hame	Last	Name	Company	Department / Organization
	ess of Well Location:	Km 6-2 Takh	in Liver Road		ketch of Well Location Indicate distances from property line,
A4 Town / Villaç	ge / Area / Lot #: Lo-	1 # 1388 , Plan 0	1-217		ic field, fuel tank(s) and building. Please include North arrow.
A5 UTM Coordi	nates (using handhe	ld GPS): NAD 8 3 Z	one	11	\$
E	asting.	Northing			
A6 Elevation of	Top of Casing:	m / ft ASL			
A7 Accuracy of		+/- m / ft			
A8 Purpose of N Domestic Commerci	☐ Test Well	☐ Irrigation ☐ Observation - Water L ☐ Public/Recreational	_	onmental (Qu	***
EXAMPLE ONLY →	(brown, grey, green, black, redish, beige, olive, yellowish)	CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK SAND	'trace" <10% (i.e. SIL "some" 10-20% (i.e. SAI "silty / sandy / gravely" 20-3 "and sand" or "and gr	r trace gravel) ND some gravel) 0% (i.e. silty SAND)	riate units, use descriptors provided)  MOISTURE: dry / moist / saturated (wet) HARDNESS: soft / hard / very hard soft and saturated
Depth ( m/ft) B2 From B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary I	Materials	B7 General Description
0 /60 160 180 180 205	Gray	Clay Glay	s,1+		
205 220 220 348		fine sand	5.1+		wet
348 400 400 410		clay Silt	Sand.		haso +dry
410 470 470 480		sand	some silt		course w/water
8 Permafrost E	ncountered: NO	YES If yes, indicated dep	th ( m / ft ): from:	to:	
ELL CONSTRU	JCTION (Continues on Pag	Completed 🕹	101010 017	10	Example: 2005 01 31
1 Drilling Metho	od Air Rotary (Conventi	onal) Dug	Y Y Y M M  Other (please sp	D D ecify) C2 We	ell Type: In what geological material is the
	☐ Reverse Air Rotary ☐ Mud Rotary	Cable Tool Auger (Hollow / Solid S			water producing zone located?  OVERBURDEN BEDROCK
asing (depth below) 3 Outside Diameter (0	ground surface, please circle app C4 Casing M (cm (n) Steel				ther Comments Regarding Casing:
	Other [		ă.		

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

Surface / Environmental Seal (	depth below ground surface, please circ	cle appropriate units)			1
C8 Seal Material Type: C9 D	101110101 01 00011	Depth from:	C11 Seal Depth to:		ume Placed:
Bentonite Chips	8 (cm(in)) 8	(m /(t))	(m (	ft)	( m³ / ft³)
(i.e. Bentonite)					
Gravel Pack (depth below ground surface	ce, please circle appropriate units)	ε			74
C13 Gravel Pack: NO If yes, in	ndicated depth ( m / ft ):		- Inc.	_	
☐ YES from:	to: Indicate dia	ameter of material:		terial type: .e. silica )	
Well Screen Information (depth b	alous around aurifora, planes airela appu	ropriate unite) C17 Dep	oth from: C18 Dept	-	lot Size / Perforation Di
Well Screen information (depth b	elow ground surface, please circle appl	Screen 1. 46		(m,/ft)	Thou/ mm / inch
C14 Outside C15 Screen Materi		Screen 2.	(m / ft)	(m / ft)	Thou. / mm / inch
Diameter (cm/m) Stainless S	Steel Continuous Wire W Louver Screen	Screen 3.	(m / ft)	(m / ft)	Thou. / mm / inch
Plastic	☐ Perforated ☐ Slotted	C19 Screen			
☐ N/A ☐ Other	Open Hole	Comments:			Andrew Laboratory
WELL DEVELOPMENT AND S	TATUS				
	au complement	icaa chok ap	Static Water Level (below top of casing)	D5 Well	Yield Estimate (Lps/gpm)
☐ Surge Block ☐ Well ☐ Water Jetting ☐ Pitles	House (above ss Adaptor:	ground surface)	205 (m (ft)	فسا	(Lps/gpiii)
Air Jetting / Air Lifting	(m(tt)) (Use	e negative if below grade)	(Use negative if below gra	ade)	
	Pit (NOT PERMITTED) e (well not completed)	D7 Wel	II Abandonment Status	D8	Method Used to
Other:	3 Vot 2000 30 0 0 1		s the well properly decor		Estimate Well Yield
D6 Final Well Status	_		bentonite grout? 🔲 YI	ES	☐ Air Lifting☐ Bailing
Water Supply (in use) Not in u	II wall was	Dry Poor Quality If Y	□ N ES, Indicate Date:	0	Pumping Test (If test conducted, complete
☐ Stand by (Back-up) ☐ Deeper ☐ Observation ☐ Other:	ned II well was abandoned, please give reason:	Insufficient Yield	1 1 1 1		Pumping Test Record)
		Artesian conditions	' Y Y Y M M	D D	
PUMPING TEST RECORD AND		ΓΥ	F1 Well Water Level Drawdown	rawdown/Rec Recov	ACCOUNTS OF ANY PLANTAGE OF
(All depths below ground, circle appropriate un	nits)		Time Water Leve		Water Level
E1 Pumping Test Information Pumping Test Start Date:	RECOMMENDATIONS		(min) (m / ft )	(min)	(m / ft )
rumping rest start bate.	Recomm. Pump Depth:	$\overline{}$	0 (SWL)	0 (FWL)	
Y Y Y M M D D	4160 (m/s	#)	1	1	
Static Water Level (SWL):	Recomm. Pumping Rate:		2	2	*
(m / ft)	(Lps	(gpm)	3	3	A
Pump Intake Set at:		~	4	4	
(m / ft)	If flowing, provide rate:	/ gpm)	5	5	
Doubles of sumples	Серь	, abitt)	10	10	
Duration of pumping:  hrs min			15	15	
1110			20	20	_
Final Water Level (FWL) at end of Pumping Test:			25	25	
(m / ft)			30	30	
OL OBOUNDWATER OHALITY			40	40	
G1 GROUNDWATER QUALITY	Turbidity/Sand Content		50	50	
Field Data  Date Measurements Taken:	☐ Clear		60	60	
Date Weasurements Taken.	☐ Slightly turbid/cloudy	R	acteria Testing		
Y Y Y M M D D	☐ Moderately turbid/cloud		Was a sample taken?	YES NC	If yes, indicate the
	☐ Turbid/cloudy	- 7	Date Sample Taken:		name of the laboratory
Electrical Conductivity: uS	☐ Trace sand present	×			
pH:			YYYYM	M D D	
Temperature: C	☐ No sand present		nemical Analysis of Wa		
Groundwater Type	Well Disinfection		Was a sample taken?	YES NO	
☐ Salty	Was the well disinfected upon	completion	Date Sample Taken:		name of the laboratory
☐ Sulphur / Egg Odour	of the pump installation?	ES NO			ALS.
Organic Taste / Odour	Briefly describe method of well		YYYYM	M D D	
☐ Metallic Taste					
Other:					
	,		CONSULTANT (If applied	able)	
WELL CONTRACTOR			1 1 Company Name:	/	
H1 Name of Contractor / Drilling Compa	ny: ('athway 4) after	PK 5 (-co cc )	1 2 Company Address:		
H2 Name of Driller(s):					а
H3 Address of Driller:		<del></del>	13 Report Reference:	1 1	T , T , T
			I 4 Report Date:	y y y	Y M M D D
Signature of Primary Driller	Y Y Y Y  Date Submitted to D			1 T Y	I IVI IVI U U
ADDITIONAL INSTRUCTIONS	Date Submitted to D	Personal information cor	ntained on this form is collec	ted under the au	thority of the Access to
Upon completing this form,	Water Resources Section (V-310), Department of Environment,	Information and Protection	ion of Privacy (ATIPP) Act, S and ground water information	ection 29 (c) and n. For further inf	d will be used to compile a formation contact the
please mail or fax it to:	Government of Yukon Box 2703,	Manager of Hydrology, V	Vater Resources at (867) 66	7-3223, toll free	within Yukon
Please feel free to contact us at:	Whitehorse, Yukon, Canada Y1A 2C6	1-800-661-0408 Ext 322 I have read the above cla			
Phone: (867) 667-3171, Toll free (in Yukon): (1 Fax: (867) 667-3195 E-mail: Water.Resources	1-800) 661-0408, local 3171)	understand the purpose collection of personal in		Signature of V	Vell Owner
rax: (00/) 00/-3195 E-mail: water. Hesources	, a gov.yn.ou	Joneshon of personal III		Signature or V	