204140232

Well Owner Address: Lot 12'10, Burma Road	Contractor Address: Phone: Driller:	-	hway water Resources Fax:	
hone: Fax: General Information	-			
Well Location: At owners address Other	-		og Metres Feet Feet	
Went Becaution. — At owners address — Office	From	То	Description	
Water Quality: Good Poor, why	0	18	sand	
	-18	134	elay as It layers	
Water Analysis: Chemical Biological none	134	135	silt to little maker	
Comments: Taste:	135	245	hedrock	
Water use: Garden	245		water in bodoock	
☐ Irrigation ☐ Heat pump ☐ Industry				
Community supply; number of connections		ssee		
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 minutes Rate: Water level at start: 33 / + Drawdown at end: Estimated well capacity: 5 / PM 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.	make wate Well Cons Surface Ca Well Casin Completio Well scree	er. struction asing: Dia Len ag: Dia Len Wal Casi on: fror fror sed on:	meter	
If no, what can be done? If well location cannot be described from a road address, asse sketch approximate location on reverse side of file copy of well record or attach separate sheet.	Other screen data: Development method: surge bail air water jet pump other Static water level below ground: 33 ft			

Cathway Water Resources, Box 21048, Whitehorse, Yukon Y1A 6P6 Phone/Fax: (867) 668-7208 Home 668-1103

Odd Lake



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



WATER WELL DRILLERS FORM

_			_
Well ID:		6	
_	To be assigned	by Dept Of Environment	

INSTRUCTIONS F	OR COMP	LETING T	HE FORM
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1. Additional information is provided at the bottom of 2. Question can be directed to Water Resources at 8 3. All well construction measurements shall be report	f this form on page 2. 367 667-3171.	Completion and s the drilling contract	ly in blue or black ink. ubmission of this form is the responsibility o ctor. etric or imperial units for all measurements.
WELL LOCATION AND OWNER'S INFORMA	TION A	1 Well Name:	Optional (i.e. City Well No. 2)
First Name	Last Name	C	Company / Department / Organization
A2 Drilled For:			
A3 Street Address of Well Location: Lot	1210		Sketch of Well Location In sketch, indicate distances from property line, septic field, fuel tank(s) and building.
A4 Town / Village / Area / Lot #: Bus n	a Road.		Please include North arrow.
A5 UTM Coordinates (using handheld GPS):	: NAD 8 3 Zone		
Easting	Northing		
A6 Elevation of Top of Casing:	m / ft ASL		
A7 Accuracy of GPS:	+/- m / ft		
	nation servation - Water Level olic/Recreational	Taxable Control of the Control of th	ntal (Quality) se identify use)
LOG OF OVERBURDEN AND BEDROCK MA	TERIALS (All depths are be	low ground surface, circle	e appropriate units, use descriptors provided)
	"soi SILT, SAND, GRAVEL, "silty / s	race" <10% (i.e. SILT trace gra me" 10-20% (i.e. SAND some g andy / gravely" 20-30% (i.e. sil and sand" or "and gravel" 35-5 trace gravel some silt	gravel) Ity SAND) MOISTURE: dry / moist / saturated (wet) 0% HARDNESS: soft / hard / very hard
B2 From B3 To	st Common Material	B6 Secondary Materials	B7 General Description
0 1 7 ()	and and	silt layer	\$
134 135 grey gr	avel - 50	and + 9.7.1.	
		7	
88 Permafrost Encountered: NO YES	If yes, indicated depth (m /	ft): from: to:	
/ELL CONSTRUCTION (Continues on Page 2)	Date Well 200	1601817	Example: 2005 01 31
1 Drilling Method	YY	Other (please specify)	C2 Well Type: In what geological material is the
Reverse Air Rotary	Cable Tool Auger (Hollow / Solid Stem)		water producing zone located? OVERBURDEN BEDROCK
asing (depth below ground surface, please circle appropriate ur	nits)		C7 Other Comments Regarding Casing:
Diameter (cm / in) Steel . □ Plastic	C5 Casing Wall Thickness	C6 Casing Depth to:	
Other			

Surface / Environmental Sea	(depth below ground surface, please cir	rcle appropriate units)			
C8 Seal Material Type: Sea tonite Char (i.e. Bentonite)	9 Diameter of Seal: C10 Sea	I Depth from: (m / ft)	C11 Seal Depth to:	C12 Vo	olume Placed: (m³ / ft³)
Gravel Pack (depth below ground su	urface, please circle appropriate units)				
	s, indicated depth (m / ft):	ameter of material: [· · · · · · · · · · · · · · · · · · ·	laterial type: [(i.e. silica)	
Well Screen Information (dept	th below ground surface, please circle app	ropriate units) C17	Depth from: C18 Dep		Slot Size / Perforation D
C14 Outside C15 Screen Mar Diameter Stainles Steel Plastic N/A Other		Screen 2.	(m / ft) (m / ft)	(m / ft) (m / ft)	Thou. / mm / inch
WELL DEVELOPMENT AND	STATUS				
D1 Well Developed by ☐ Surge Block ☐ Water Jetting ☐ Air Jetting / Air Lifting ☐ Bailing ☐ W	Head Completion D3 Well Hell House (above	ground surface) S (m / ft) e negative if below grad	D4 Static Water Level (below top of casing) 33 14 (m / ft) de) (Use negative if below g Well Abandonment Statu Was the well properly decorated with bentonite grout?	nrade) us D ommissioned	(Lps / gpm) 8 Method Used to Estimate Well Yield Air Lifting
☑ Water Supply (in use) ☐ Not	pened II well was abandoned, please give reason:	Dry	If YES, Indicate Date:		☐ Bailing ☐ Pumping Test (If test conducted, comple Pumping Test Record)
PUMPING TEST RECORD AI	ND GROUNDWATER QUALIT	ΓY	F1 Well Water Level I	Drawdown/Red	covery DATA
(All depths below ground, circle appropriate E1 Pumping Test Information			Drawdown Time Water Lev (min) (m / ft)	Reco rel Time (min)	
Pumping Test Start Date:	Recomm. Pump Depth:	ft)	0 (SWL)	0 (FWL)	
Y Y Y Y M M D D Static Water Level (SWL):	Recomm. Pumping Rate:		2	2	
(m / ft)	(Lps	/ gpm)	3	3 4	
Pump Intake Set at: (m / ft)	If flowing, provide rate:	/ anm)	5	5	
Duration of pumping:	(Lps	/ gpm)	10	10	
hrs min	•		15	15	
Final Water Level (FWL)			20	20	2
at end of Pumping Test: (m / ft)			30	30	
			40	40	0
G1 GROUNDWATER QUALITY Field Data	Turbidity/Sand Content		50	50	
Date Measurements Taken:	☐ Clear		60	60	
	☐ Slightly turbid/cloudy		Bacteria Testing		II .
Y Y Y M M D D	☐ Moderately turbid/cloud	dy	Was a sample taken?	✓ YES ☐ NO	If yes, indicate the name of the laboratory
Electrical Conductivity: uS	☐ Turbid/cloudy		Date Sample Taken:	,	
рН:	☐ Trace sand present		YYYM	M D D	
Temperature: C	☐ No sand present		Chemical Analysis of W		•
Groundwater Type	Well Disinfection		Was a sample taken?	L∤9ES ∐ NO	If yes, indicate the name of the laboratory.
☐ Salty	Was the well disinfected upon of the pump installation?	-	Date Sample Taken:		That is of the labelatory.
Sulphur / Egg Odour	×	ES NO	YYYM	M D D	
☐ Organic Taste / Odour ☐ Metallic Taste	Briefly describe method of well	disintection.			
Other:					
			CONSULTANT (If appl	icable)	
WELL CONTRACTOR H1 Name of Contractor / Drilling Com	nanv: Cath Who Go D	sources	I 1 Company Name:		
H2 Name of Driller(s):	y way sight he	ريمرين	I 2 Company Address:		
			I 3 Report Reference:		
Signature of Primary Driller		M M D D	I 4 Report Date:	Y Y Y	Y M M D D
ADDITIONAL INSTRUCTION Upon completing this form, please mail or fax it to:	Date Submitted to D Water Resources Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorse, Yukon, Canada Y1A 2C6	Personal information Information and Prot public database of w Manager of Hydrolog 1-800-661-0408 Ext		Section 29 (c) and on. For further inf	d will be used to compile a formation contact the
Please feel free to contact us at: Phone: (867) 667-3171, Toll free (in Yukon) Fax: (867) 667-3195 E-mail: Water.Resource	: (1-800) 661-0408, local 3171) ces@gov.yk.ca	I have read the above understand the purp collection of persons	ose for	Signature of V	Vell Owner