

204140258/28

Well Record Page 1 of

WATER WELL DRILLERS FORM

Well ID: To be assigned by Dept. Of Environment

INSTRUCTIONS	FOR	COMPL	ETING	THE	FORM
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1. Additional information is provided at the bottom of this form on page 2.

4.	P	leas _{'e}	print	clearly	in I	blue	Or.	black	ink.
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5. Compiletion and submission of this form is the responsibility $\boldsymbol{\varepsilon}$

Question can be of 3. All well construction	directed to Water Resou on measurements shall	rces at 867 667-3171. be reported to 0.1 m or 0.3		contractor. ecify metric or in	nperial units for all measurements.
WELL LOCATION	AND OWNER'S INF	ORMATION	A1 We/il Name	:	Optional (i.e. City Well No. 2)
	First Name	Las	st Name	Company	/ Department / Organization
A2 Drilled For:					· · · · · · · · · · · · · · · · · · ·
	ss of Well Location:	Lot 1016	Shallow Bay	In sketch,	ketch of Well Location indicate distances from property line, ic field, fuel tank(s) and building. Pleas e include North arrow.
A4 Town / Village	/ Area / Lot #: Pla	7 53744 Qua	050/14		Please include North arrow.
A5 UTM Coordin	ates (using handhel	d GPS): NAD 8 3	Zone OS	×	519.7ft to property
4 9 3 Eas	0 1 8 sting	6 7 5 6 Northing	9 5 9	0 (X	off
A6 Elevation of T	op of Casing:	my ft ASL		Well	287.5
A7 Accuracy of (GPS:	5 +/-m/ft			House Septic Prop.
A8 Purpose of W		□ loui	∏ Envi	ronmental (Qu	A/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Domestic	☐ Test Well ☐ Municipal	☐ Irrigation☐ Observation - Wate		r (please iden	
☐ Commercia☐ Industrial	☐ Agricultural	☐ Public/Recreational		V	
LOG OF OVERB	URDEN AND BEDRO	OCK MATERIALS (All dep	"trace" <10% (i.e. SI	LT trace gravel)	oriate: units, use descriptors provided)
EXAMPLE ONLY	(brown, grey, green, black, redish, beige, olive, yellowish)	CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDRO	OCK "and sand" or "and	-30% (i.e. silty SAND) gravel" 35-50%	IMOISTURE: dry / moist / saturated (wet) HARDNESS: soft / hard / very hard soft and saturated
ONL!	brown	SAND	trace gravel	some silt	
Depth (m / ft) B2 From B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary	Materials	B7 General Description ∴ e +
20 185	Gray	Sand			
185 99	Grey	clay	Silt grave	schol	197-199 water
220 240	gren	gravel	Sand	5114	water bearing
2					
			al death (m / ft); from:	to:	
B8 Permafrost	Encountered: No	YES If yes, indicate	ed depth (m / ft): from:		
WELL CONSTR	UCTION (Continues on F	Page 2) Date Well Completed	Y Y Y M I	7 113	Example: 2005 01 31
C1 Drilling Met	hod Air Rotary (Conv	entional) Dug	Other (pleas	e specify) C2	Well Type: In what geological material is water producing zone located OVERBURDEN BEDRO
	☐ Reverse Air Rota ☐ Mud Rotary	Auger (Hollow /		7	
Casing (depth belo	ow ground surface, please circle	g Material 03 odding via		g Depth to:	Other Comments Regarding Casin
Diameter [10)	Pla	stic	_		

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

C8 Seal Material Type: (i.e. Bentonite)	C9 Diameter of Seal:	C10 Seal Depth from:	C11 Seal Depth to:		/olume Placed: / <u>/ / / (</u> (m³ / ft³)
Gravel Pack (depth below gi	round surface, please circle appropriat	e units)			
C13 Gravel Pack: 巨NO 口YES	If yes, indicated depth (m / ft):			erial type:	
Well Screen Information	on (depth below ground surface, pleas		(I. Depth from: C18 Depth (m/ti) 23-/	e. silica) n to: (m / ft)	Slot Size / Perforation Dia:
Diameter F-0	een Material C16 Screen Type Stainless Steel		(m / ft)	(m / ft)	Thou. / mm / inches
6	Steel Louver S	Screen Screen 3.	(m / ft)	(m / ft)	Thou. / mm / inches
	Plastic Perforation Perforation	C19 Screen			
	Other Open H	ole Commen	ts: Imtallaco 2'	biser c	in top of Sincen
Surge Block Water Jetting Air Jetting / Air Lifting Bailing Pumping Other: D6 Final Well Status	22 Well Head Completion ☐ Well House ☐ Pitless Adaptor Depth of adaptor ☐ (m / ft) ☐ Well Pit (NOT PERMITTED) ☐ None (well not completed)	(Use negative if below grad	Well Abandonment Status Was the well properly decom with bentonite grout? ☐ YE	de) Dissioned S	OB Method Used to Estimate (Lps/gpm) Air Lifting
☑ Water Supply (in use) ☐ Stand by (Back-up) ☐	Deepened If well was	s Poor Quality	If YES, Indicate Date:)	☐ Bailing ☐ Pumping Test
	Other: abandone give reaso	on: Insufficient Yield	I I I I I I		(If test conducted, complete Pumping Test Record)
		Artesian conditions	YYYYMMI) D	
PUMPING TEST RECOF	RD AND GROUNDWATER	QUALITY MA	F1 Well Water Level Dra	wdown/Red Reco	
E1 Pumping Test Information			Time Water Level	Time	Water Level
Pumping Test Start Date:	Recomm. Pump		(min) (m / ft) 0 (SWL)	(min) 0 (FWL)	(m / ft)
YYYYMMD		(m / ft)	1	1	
Y Y Y Y M M D Static Water Level (SWL):	D		2	2	
(m / ft)	Recomm. Pumpi	(Lps / gpm)	3	3	
Pump Intake Set at:		(cps / gpm)	4	4	
(m / ft)	If flowing, provide	20 70 2000-000	5	5	
Duration of pumping:		(Lps / gpm)	10	10	
hrs min			15	15	
Final Water Level (FWL)	§ •		20	20	
at end of Pumping Test:			25	25	
(m / ft)			30	30	
G1 GROUNDWATER QUALITY	į.		40	40	a s
Field Data	Turbidity/Sand Conto	ent	50	50	
Date Measurements Taken:	☐ Clear		60	60	
	☐ Slightly turbid/	cloudy	Bacteria Testing		2.6
YYYYMMD	D Moderately tur		Was a sample taken?	ES NO	If yes, indicate the
Electrical Conductivity:	uS Turbid/cloudy		Date Sample Taken:		name of the laboratory.
pH:	☐ Trace sand pre	esent			
Temperature:	°C		YYYYMM	D D	
Groundwater Type	Well Disinfection		Chemical Analysis of Water Was a sample taken?	ES IT NO	
☐ Salty	Was the well disinfected	ed upon completion	Date Sample Taken:	L3 LINO	If yes, indicate the name of the laboratory.
☐ Sulphur / Egg Odour	of the pump installation	^{n?} ☐ YES ☐ NO			and individually.
Organic Taste / Odour	Briefly describe metho	d of well disinfection.	YYYYMM		
☐ Metallic Taste	0				
Other:					
WELL CONTRACTOR			CONSULTANT (If applicable	a l	
H1 Name of Contractor / Drilling	Company: Imjacl W	ell Prilling	I 1 Company Name:		
H2 Name of Driller(s):	1-11		12 Company Address:		
H3 Address of Driller:			I 3 Report Reference:		
141	21010	61101191	I 4 Report Date:		
Organicate of Filmary Dr	ıller Y Y	YYMMDD	Y	YYY	MMDD
ADDITIONAL INSTRUCTI	ONS	tted to Dept. Of Environment Personal information co	ntained on this form is collected to	undos the	- the City
Upon completing this form, please mail or fax it to:	Water Resources Section (V-3 Department of Environment				
	Government of Yukon Box 270 Whitehorse, Yukon, Canada Y1	3, Manager of Hydrology, V	Valer Resources at (867) 667-32		
Please feel free to contact us at: Phone: (867) 667-3171, Toll free (in Yu	ikon); (1-800) 661-0408 local 3171)	I have read the above cla	ause and		
Fax: (867) 667-3195 E-mail: Water.Res	sources@gov.yk.ca	understand the purpose collection of personal in		nature of W	II Ovinas
		1	510	nature of We	ii Owner