

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

204140329 To be assigned by Dept. Of Environment Well ID:

Well Record Page 1 **WATER WE DRILLERS FO** 

105 014

## 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. P	lease	print	clearly	in	blue	or	black	ink.
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5. Completion and submission of this form is the responsib

Question can be directed to water Resour     All well construction measurements shall be		6. Please specify metric or in	mperial units for all measureme
WELL LOCATION AND OWNER'S INF	ORMATION A1	Well Name:	Optional (i.e. City Well N
First Name  A2 Drilled For:  A3 Street Address of Well Location:  A4 Town / Village / Area / Lot #: 137  A5 UTM Coordinates (using handheld for the first feasting)  A6 Elevation of Top of Casing:  A7 Accuracy of GPS:	Last Name  TAKHINI LODESE  -CRC  OLUMO 103D/14  IGPSI: MARI 8 13 Zone  6749 557  Northing 30	Company  Si In sketch, septi	Department / Organization  ketch of Well Location indicate distances from property line, ic field, fuel tank(s) and building. Please include North arrow.
A8 Purpose of Wells  Domestic Test Well Commercial Municipal Industrial Agricultural	☐ Irrigation ☐ Observation - Water Level ☐ Public/Recreational	☐ Environmental (Q:☐ Other (please ider	
LOG OF OVERBURDEN AND BEDRO  EXAMPLE ONLY (brown, grey, green, black, redish, beige, olive, yellowish)  Depth (m/ft) B2 From B3 To O S S S S S S S S S S S S S S S S S S S	CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK SAND  B5 Most Common Material SILT CLAY CLAY CLAY CLAY CLAY CLAY CLAY CLAY	ace" <10% (i.e. SILT trace gravet) ne" 10-20% (i.e. SAND some gravet) andy / gravety" 20-30% (i.e. sitty SAND) and sand" or "and gravet" 35-50% trace gravet some silt  B6 Secondary Materials	
WELL CONSTRUCTION (Continues on Pace of Pace)  C1 Drilling Method	Completed  Y Y  Intional) Dug  Cable Tool  Auger (Hollow / Solid Stem)  Appropriate units)  Material C5 Casing Wall Thickness  C5 Casing Wall Thickness		Example: 2005 01 31  Well Type: In what geological mate water producing zone to OVERBURDEN LABOR OT Other Comments Regarding Co

Signature of Well Owner

Surface / Environmental Sea	(depth below ground surface, pleas	e circle appropriate units)	,		
4		Seal Depth from:	C11 Seal Depth to:	C12 Volum	ne Placed:
Gravel Pack (depth below ground su	urface, please circle appropriate units)			0:2	Ð
	s, indicated depth ( m / ft ):				9
YES from		e diameter of material:		terial type:	5 H
Well Screen Information (dept	h below ground surface, please circle	appropriate units) C17	Depth from: C18 Dept		Size / Perforation Dia
C14 Outside C15 Screen Mat  Diameter (cm (m) Stainles: Plastic N/A Other	terial C16 Screen Type	Screen 1. U Screen 2. Screen 3. C19 Screen	(m/tt) 505 (m/tt) (m/tt) (m/tt	(m/ft) [2.11] (m/ft) [ (m/ft) [ (m/ft) [	Thou./mm/inche Thou./mm/inche Thou./mm/inche
					10010011
☐ Surge Block ☐ We water Jetting ☐ Pit ☐ Pit ☐ Bailing ☐ We water ☐ ☐ We water ☐ ☐ We water ☐ ☐ We water	Head Completion  By We get House  Abandoned  Head Completion  By We get House  (ab  (ab  (ab  (ab  (ab  (ab  (ab  (a	CUse negative if below gra	Well Abandonment Status  Was the well properly decome with bentonite grout? ☐ YE ☐ NO  If YES, Indicate Date:	de)  D8 Me amissioned Es	ethod Used to stimate Well Yield Air Lifting Bailing Pumping Test (If lest conducted, complete Pumping Test Record)
			YYYYMM	D D	1, 2, 1 = 8
PUMPING TEST RECORD AN  (All depths below ground, circle appropriate 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	RECOMMENDATIONS Recomm. Pump Depth: (m Recomm. Pumping Rate (Lp	e: ps/gpm) ps/gpm) udy	F1 Well Water Level Drawdown Time Water Level (min) (m/ft)  0 (SWL)  1 2 3 4 5 10 15 20 25 30 40 50 60  Bacteria Testing Was a sample taken? Date Sample Taken:  Y Y Y M M Chemical Analysis of Water Was a sample taken?  Date Sample Taken:	Recovery   Time   Walk (min)   (n	f yes, indicate the ne of the laboratory.
Organio Taste / Odour			YYYYMM	0 0	
Metallic Taste	Priefly describe method of we Y26AL. 5% (1)	RESETO GAL. AFTS			·
	4- /-	1			5.4
WELL CONTRACTOR	and the last	Se	CONSULTANT (If applicab	le)	
H1 Name of Contractor / Drilling Compa	NY LOUSEZ () DRI	LIMEUT)	I 1 Company Name:		
H2 Name of Driller(s):	-		I 2 Company Address:		
H3 Address of Triller	TERRYOL BIC.		Report Reference:      A Report Date:		
Signature of Primary Driller	Y Y Y Y Date Submitted to D	M M D D Dept. Of Environment	- Y	YYYM	M D D
please mail or fax it to:	Water Resources Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorse, Yukon, Canada Y1A 2C6	Personal information co information and Protect public database of well Manager of Hydrology, V 1-800-661-0408 Ext 322 I have read the above cli	ause and	on 29 (c) and will be or further information	used to compile a
Phone: (867) 667-3171, Toll free (in Yukon): (1- Fax: (867) 667-3195 E-mail: Water.Resources@		understand the purpose collection of personal in		gnature of Well Own	er -