



Well Record Page 1 of 2

WATER WELL **DRILLERS FORM**

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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 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 867 867-3171
- Please print clearly in blue or black ink.
 Completion and submission of this form is the responsibility of

Sketch of Well Location In sketch, indicate distances from property line. septic field, fuel tank(s) and building. Please include North arrow. Discontinuous includes the septiment of the septi
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ground surface, circle appropriate units, use descriptors provide <10% (i.d. SILT trace gravel) 0-20% (i.e. SAND) some gravel) 0-20% (i.e. SAND some gravel) 1 gravely 20-20% (i.e. sitly SAND) 1 HARDNESS: soft hard very han 1 segravel some silt Secondary Materials B7 General Description
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<10% (i.d. SILT trace grave) 0-20% (i.e. SAND) some grave) * gravel* 20-20% (i.e. sity SAND) * modern trace gravel * MOISTURE: dry , most / saturated (i.e. HARDNESS: soft *nard *very hand *seturated (i.e. soft and saturated (i.e. soft and saturated i.e. soft and
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nol
nd
to the second se
from: to:
7 0 6 11 Example: 2005 01 31
ner (please specify) C2 Well Type: In what geological materia
water producing zone local
BET

Surface / Environmental Se	al (depth below ground surface, please circ	cle appropriate units).					
	C9 Diameter of Seat: C10 Seat	C11 Seal Dep	oth to: (m/t		C12 Volume Placed: (m³ / h³)		
(i.e. Bantonite)							
Gravel Pack (depth below ground i							
	res, indicated depth (m / ft): m; to: indicate dia	ameter of material:	(mm / inc		rial type:		<u> </u>
Well Screen Information (de	pth below ground surface, please circle appr	Citt. dolle tring)		C18 Depth		t Size / Perf	
C14 Outside C15 Screen M Diameter C C15 Screen M Diame	Siss Steel Continuous Wire W Louver Screen Perforated Siotted	Screen 2.	(m/ft) (m/ft)		(m/ft)	Thou) mm / inche ./ mm / inche ./ mm / inche
Surge Block Water Jetting K Air Jetting / Air Lifting Bailing	Head Completion	ground surface) 2 (my/fl) e negative if below grade D7 W W	4 Static Water I (below top of car (below top of car) (Use negative lell Abandonme as the well prop th bontonite gro	ing) (m (f)) below gradient Status erly decominut? YES	D8 I	Method Use Estimate We ☐ Air Lifting ☐ Bailing	d to
☐ Water Supply (in use) ☐ No ☐ Stand by (Back-up) ☐ De ☐ Observation ☐ Ot	pepened trived was her: abandonod, please progression.	Poor Quality If Insufficient Yield	YES, Indicate D	□ NO		Pumping fit test cond. Pumping Tax	Test unted companie n Ancoral
		Artesian conditions	Å Å Å Å	M M D	D		
PUMPING TEST RECORD A (All depths below ground, circle approprie E1 Pumping Test Information		ΓY		own Water Level	Recove Time	ny Nater Level	
Pumping Test Start Date:	RECOMMENDATIONS		(min)	(m / ft)	(min)	(m / ft)	
	Recomm. Pump Depth:	41	0 (SWL)		0 (FWL)		
YYYYMMDD	(""	10,3		-	2		
Static Water Level (SWL):	Recomm. Pumping Rate:		2	1 4139			
(m/ft)	(Lps	/gpm)	3	4 6 6 7	3 4		
Pump Intake Set at:	If flowing, provide rate:		4		5		
(m/ft)	promission de la company de la	(gpm)	5		10		
Ouration of pumping:			10		15		
hrs min			20		20		
Final Water Level (FWL)			25		25		2
at end of Pumping Test:			30		30		
time the state of			40		40		
S1 GROUNDWATER QUALITY	Turbidity/Sand Content		50		50		
Pield Data Date Measurements Taken:	□ Clear		60		60		
Jate Measurements taken.	Slightly turbid/cloudy		(- 10 de 14	00 1		
Y Y Y W M D D	☐ Moderately turbid/cloud		Bacteria Testing Was a sample Dato Samplo 1	taken?	yes 🗌 No	If yes, ind	
Electrical Conductivity;us	☐ Trace sand present		400.000.000			50 AM P22 5 A 800 P 1	· · · · · ·
pH:	fflu-Silva-Joseph		YYY	Y M M	D D	1	
Temporature: LLC		Ţ	Chemical Analy			la l	
Groundwater Type	Well Disinfection	in constant	Was a sample		YES LINO	It yes, ind	
Salty	Was the well disinfected upon of the pump installation?		Date Sample	aken	—— F	traine or bio	aboratory.
Sulphur / Egg Odour		ES NO	YYY	Y M M	D D		
☐ Organic Taste / Odour ☐ Metallic Taste	Briefly describe method of welf	I disinfection.					
Other:	74		5. N 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			New wind ed	i Gus K
WELL CONTRACTOR			CONSULTAN	T (If applical	ole)		
H1 Name of Contractor / Drilling Co	mpany: Cathery Wat	her Rec	11 Company f				
H2 Name of Driller(s):			12 Company A				
H3 Address of Driller: 101	B Copper Rd.		13 Report Ref				
ry Drille		M M D D	14 Report Dat	e: L	YYY	M M D	D
ADDITIONAL INSTRUCTIO	Date Submitted to D	Personal information c	polained on this fo	rm is collecte	d under the airt	nority of the 4-	ciess to
ADDITIONAL INSTRUCTIO Upon completing this form, please real or fax it to: Please feel free to contact us at:	Water Resources Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorse, Yukon, Cartada Y1A 2C8	Information and Protect public database of wel Manager of Hydrology, 1-800-661-0408 Ext 33 I have read the above	ction of Privacy (A) I and ground water Water Resources 223. clause and	riPP) Act, Sec rinformation.	tion 29 (c) and i For further info	will be used to mation contac	compile a
Phone: (867) 667-3171, Toll free (in Yuko Fax: (867) 667-3195 F-mail: Water Reso		understand the purpor			Signature of Mic	al Owner	