Well Record Page 1 of 2

To be assigned by Dept. Of Environment

WATER	WELL
DRILLERS	FORM

Metric O Imperial ①

- CA CITOS TIME MOISE, TOKOM TIA 200	
	The second secon

Well ID:

 Additional inform Question can be 	directed to Water Resour	ottom of this form on page 2.	Completion a the drilling or	ontractor.	black ink. If this form is the responsibility or rial units for all measurements.
WELL LOCATION	N AND OWNER'S INF	ORMATION	A1 Well Name:		Optional (i.e. City Well No. 2)
A2 Drilled For:	First Name	Last N	ame	Company / De	partment / Organization
A3 Street Addre	ss of Well Location:	25A SPRINGE	R ROAD	Sketc	h of Well Location
44 Town / Village	Area / Lot #: Pils	OT MIN SUB	pivision	septic fiel	ate distances from property line, Id, fuel tank(s) and building. se include North arrow.
15 UTM Coordin	ates (using handheld	GPS): NAD 8 3 Zo	one		
				UTM Z	ONE 2
	sting	Northing		4862	18
6 Elevation of	Top of Casing:	m (f)ASL		484-	
17 Accuracy of	GPS:	+/- m / (f)		6748	32 5
8 Purpose of W			_ /		the state of the s
☐ Domestic ☐ Commercia	☐ Test Well I Municipal	☐ Irrigation ☐ Observation - Water L	☐ Envi		
☐ Industrial	☐ Agricultural	☐ Public/Recreational	evel Othe	MINNING IMMINIST	
Septh (m (1) B2 From - B3 To	84 General Colour	B5 Most Common Material	B6 Secondary Ma	terials	B7 General Description
0 16	brown	Sand	gravel		
16 164	65	Clay	b	-0.38	
64 400	grey / block	bedieck			
	and the second				
	Contraction of the Contraction o				Western Commence
		The second secon	The second strip of second		
	ru.				and the same of th
	The state of the s				
8 Permafrost E	ncountered: NO	A CONTRACT OF THE PARTY OF THE	and the same of th] to:	
ELL CONSTRU	JCTION (Continues on Pag	Date Well Completed	019 10	08	Example: 2005 01 31
1 Drilling Meth	od Air Rotary (Convent	ional) Dug	Other (please s		Type: In what geological material is t
	Reverse Air Rotary	Cable Tool			water producing zone located
`nelne (☐ Mud Rolary	Auger (Hollow / Solid	Stem)		
3 Outside	ground surface, please circle ap C4 Casing M		kness C6 Casing De	pth to:	her Comments Regarding Casin
Diameter	(cm (n) Steel	.2.9 (cm/	D 27](/60	
	Other	THE STATE OF THE S			

Slot Size / Perforation Dia:

C12 Volume Placed

PUMPING TEST RECORD AND GROUNDWATER QUALITY

RECOMMENDATIONS

Recomm. Pump Depth

Recomm, Pumping Rate:

Was the well disinfected upon completion Was the well distributed upon
of the pump installation? ☐ YES ☐ NO

Briefly describe method of well disinfection.

(m/m)

(All depths below ground, circle appropriate units) E1 Pumping Test Information

YYYMMD Static Water Level (SWL):

Pumping Test Start Date:

1.		(m.(l)			(m.(10)		Thou./ n	um / inches
2.](m.@)			(m.(1)	Line .	Thou,/ n	nm/in@es
3.]tm.(ft)			(m/ft)		Thou./ n	nm / inches
reen	ents:		****		ur i i i	9-5-5-2		N.F.
up m (li	(bel	tic Water ow top of ca		n	D5 We	II Yield E	stimate](Lps/	⊕ n)
		se negalivi)			
d ions	with ber	well prop ntonite gro	perly dec out? Date:	YES NO		Air Bai	ite Well \ Lifting iling	rield
	F1	Well Wate Drawd Time (min)		evel	rdown/Re Reco Time (min)		vel	
	0	(SWL)			0 (FWL)			
	1	1			1			
		2			2			
		3			3			
	9	,					\neg	

C11 Seal Depth to:

C17 Depth from:

5

10 15

20

25

30

40

50

60

YY

Was a sample taken? ☐ YES ☐ NO

Bacteria Testing

(m (f)

C18 Depth to:

(i.e. silica)

(m/ft)	(Lps/g@m)
Pump Intake Set at: (m /①) Ouration of pumping:	If thowing, provide rate:
hrs min Final Water Level (FWL) at end of Pumping Test: (m /ff)	
G1 GROUNDWATER QUALITY	
Field Data	Turbidity/Sand Content
Date Measurements Taken:	☐ Clear
	☐ Slightly turbid/cloudy
YYYYMMDD	☐ Moderately turbid/cloudy
Electrical Conductivity: uS	☐ Turbid/cloudy
pH:	☐ Trace sand present
Temperature: C	☐ No sand present
Groundwater Type	Well Disinfection

Date	Dale Sample Taken:						- 1	name of the laboratory.
Y	Y	٧	Y	М	M	D	-	
hemi Was							Пио	
Date						_		If yes, indicate the name of the laboratory.

YMMDD

5 10

15

20

25

30

40

50

60

If yes, indicate the

WELL CONTRACTOR	
H1 Name of Contractor / Drilli	ir
H2 Name of Driller(s)	

☐ Metallic Taste Other:

Sulphur / Egg Odour Organic Taste / Odour

☐ Salty

ng Company: H3 Address of Driller: Y Y Y Y M M D D
Date Submitted to Dept. Of Environmen ADDITIONAL INSTRUCTIONS Water Resou

CONSULTANT (If app	icabl	e)							
I 1 Company Name:	20			140	11900	7	-	1	
I 2 Company Address:			_				_	_	_
13 Report Reference:							-		_
I 4 Report Date:									
	Y	Y	Y	Y	М	м	D	_	

Upon completing this form, please mail or fax it to:

ces Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorso, Yukon, Canada Y1A 2C6

Please feel free to confect us at: Phone: (867) 667-3171. Toll (see (er Yukon): (1-800) 681-0406, local 3171) Fax. (867) 667-3155 E-meil Wafer Resources ⊉govyK, La

Personal information contained on this form is collected under the authority of the Access to information and Protection of Privacy (ATIPP) Act, Section 29 (c) and will be used to compile a public database of well and ground water information. For surther information contact the Manager of Hydrobopy, Water Resources at (867) 667-3223, toll free within Yukon 1490-661-048 Et 3223.

Have mad the above clause and

stand the purpose for collection of personal information.

Signature of Well Owner