1. Additional inform	ion V-310 stry Yukon Y1A 2C6 FOR COMPLETING 1	To be assigned by Dep THE FORM ottom of this form on page 2	4. Please print. 5. Completion	nt clearly in blue n and submissic contractor.	Well Record Page 1 of 2 WATER WELL DRILLERS FORM Metric O Imperial O or black ink. In of this form is the responsibility of						
3. All well construction measurements shall be reported to 0.1 m or 0.3 ft. 6. Please specify metric or imperial units for all measurements.											
WELL LOCATIO	N AND OWNER'S INF	ORMATION	A1 Well Name	:	Optional (i.e. City Well No. 2)						
A2 Drilled For:	First Name	Last	Name	Company /	Department / Organization						
A3 Street Address of Well Location: 1 Couch road Sketch of Well Location											
In sketch, indicate distances from property line, septic field, fuel tank(s) and building.											
A4 Town / Village / Area / Lot #: Hidden Valley A5 UTM Coordinates (using handheld GPS): NAD 8 3 Zone 53 [510928											
510338 Ea	asting	6744565 Northing			zone 8						
A6 Elevation of	Top of Casing: 2109	m (MASL		4890	707						
A7 Accuracy of	GPS: 18	+/- m /@			4565						
A8 Purpose of Wells Domestic Test Well Irrigation Commercial Municipal Observation Commercial Agricultural Public/Recreational COG OF OVERBURDEN AND BEDROCK MATERIALS (All depths are below ground surface, circle appropriate units, use descriptors provided) trace*<10% (i.e. SILT trace gravel)											
EXAMPLE ONLY	(brown, grey, green, black, redish, beige, olive, yellowish)	CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK	"some" 10-20% (i.e. SAI "silty / sandy / gravely" 20-3 "and sand" or "and gr	0% (i.e. silty SAND)	MOISTURE: dry / moist / saturated (wet) HARDNESS: soft / hard / very hard						
Depth (m (tt)	brown	SAND	trace gravel	some silt	soft and saturated						
B2 From B3 To 0 15	B4 General Colour grey	B5 Most Common Material	B6 Secondary M	laterials	B7 General Description						
15 30	brown	sand									
30 120	grey	silt	clay								
120 130	grey	silt	sand								
130 139	grey	gravel	sand								
		A									
B8 Permafroet E		VES If yes indicated do	nth (m /@]						
B8 Permafrost Encountered: NO YES If yes, indicated depth (m /(1): from: to:to:											
C1 Drilling Meth	od Air Rotary (Convent		Other (please s	D D pecify) C2 We	HTTT In what geological material is the water producing zone located?						
	Reverse Air Rotary Mud Rotary	Cable Tool	Stem)								
Image: Mud Rotary Auger (Hollow / Solid Stern) Casing (depth below ground surface, please circle appropriate units) C7 Other Comments Regarding Casing:											
C3 Outside C4 Casing Material C5 Casing Wall Thickness C6 Casing Depth to:											
2.4110101 0.020	Plastic		D <u>134</u>	_(m/60)	· · · · · · · · · · · · · · · · · · ·						
C Other											

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WELL CONSTRUCTION (Cont	inued from Page 1)			<u> </u>	/ell Record Page 2 of
Surface / Environmental Sea	(depth below ground surface, please	circle appropriate units)			
C8 Seal Material Type: C9 foam bentonite 10 (i.e. Bentonite)		eal Depth from: (m/tt)	C11 Seal Depth 10	n to: C12 (m.ft)	Volume Placed: (m³ (෯)
Gravel Pack (depth below ground sur	face please circle appropriate units)				
	, indicated depth (m (ff)):	diameter of material:	(mm/inch)	s) Material type: (i.e. silica)	
Well Screen Information (depti	h below ground surface, please circle a	opropriate units) C17	Depth from: C	18 Depth to:	Slot Size / Perforation Dia
C14 Outside C15 Screen Matt Diameter 5 (cm /@) Stainless 5 Steel Plastic N/A	erial C16 Screen Type	Screen 1. 134			.020 Thou. / mm / irch
Other	Open Hole	Commen			
Surge Block WK Water Jetting @ Pit Air Jetting / Air Lifting Bailing WK Pumping NK Other:	Head Completion D3 Well ell House (abo less Adaptor Depth of adaptor:	Il Head Stick-up ve ground surfsce) 2(m (t), Use negative if below gra	D4 Static Water Let (below top of casing 14 ade) (Use negative if Well Abandonment Was the well proper	a) (m(t) below grade) t Status	Hell Yield Estimate (Lps/ ஹि) D8 Method Used to Estimate Well Yield
D6 Final Well Status Water Supply (in use) Not i Stand by (Back-up) Dee Observation Othe	pened If well was	Dry Poor Quality Insufficient Yield Artesian conditions	with bentonite grout		Air Lifting Balling Umping Test (If test conducted, complet Pumping Test Record)
PUMPING TEST RECORD AN	ND GROUNDWATER QUAL	.ITY		evel Drawdown/R	
(All depths below ground, circle appropriate E1 Pumping Test Information Pumping Test Start Date:	e units) RECOMMENDATIONS Recomm. Pump Depth:			n Re ater Level Time (m / ft) (min) 0 (FWL)	covery Water Level (m / ft)
Y Y Y Y M M D D		n (11)	1	1	
Static Water Level (SWL): 14 (m/ft)	Recomm. Pumping Rate	e: ps/goon)	2	2	
Pump Intake Set at: (m/(ff))	If flowing, provide rate:	_	4	4	
Duration of pumping:	(L	ps/ggm)	10	10	
hrs min Final Water Level (FWL)			15 20	15	
at end of Pumping Test:			25	25	
G1 GROUNDWATER QUALITY			30 40	30	
Field Data	Turbidity/Sand Content	Ϋ́.	50	50	
Date Measurements Taken:	Clear		60	60	
	Slightly turbid/cloudy		Bacteria Testing		
YYYYMMDD	Moderately turbid/clo	oudy		iken? 🗌 YES 🔲	NO If yes, indicate the
Electrical Conductivity: uS	Turbid/cloudy		Date Sample Tal	ken:	name of the laboratory
pH:	Trace sand present		100 M		
Temperature: C	No sand present				
Groundwater Type	Well Disinfection		Chemical Analysi Was a sample ta	s of Water Iken? YES	NO Huma indiana di
Salty	Was the well disinfected upo	n completion	Date Sample Tal		NO If yes, indicate the name of the laboratory.
Sulphur / Egg Odour	of the pump installation?	YES 🗌 NO		1	
Organic Taste / Odour	Briefly describe method of w	ell disinfection.	YYYY	MMDD	
Metallic Taste					
Other:	L				
WELL CONTRACTOR			CONSULTANT	(If applicable)	
11 Name of Contractor / Drilling Com	pany:		I 1 Company Na	me:	
12 Name of Driller(s):			I 2 Company Ad	dress:	
3 Address of Driller:		I 3 Report Reference:			
Sjonaturo of Primary Pulli-	2019	08 27	I 4 Report Date:		V H H D D
Signature of Primary Driller		M M D D Dept. Of Environment		Y Y Y	YMMDD
ADDITIONAL INSTRUCTION: Upon completing this form, please mail or fax it to: Please feel free to contact us at:	S Water Resources Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorse, Yukon, Canada Y1A 2C	Information and Pro public database of Manager of Hydrold	otection of Privacy (ATIF well and ground water in ogy, Water Resources at t 3223.	P) Act, Section 29 (c) formation. For further	a authority of the Access to and will be used to compile a r information contact the ree within Yukon
Phone: (867) 667-3171, Toll free (in Yukon): Fax: (867) 667-3195 E-mail: Water.Resourc	: (1-800) 661-0408, local 3171) es@gov.yk.ca	collection of person	pose for	Signature	of Well Owner