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Well ID:		
-	To be assigned by Dept. Of Environment	_

Well Record Page 1 of 2 **WATER WELL DRILLERS FORM**

Metric O Imperial O

INSTRUCTIONS FOR COMPLETING THE FORM

- Additional information is provided at the bottom of this form on page 2.
 Question can be directed to Water Resources at 867 667-3171.
 All well construction measurements shall be reported to 0.1 m or 0.3 ft.
- 4. Please print clearly in blue or black ink.
- 5. Completion and submission of this form is the responsibility of the drilling contractor.

WELL LOCATION	AND OWNER'S INF	DRMATION	A1 Well Name:	Optional (i.e. Cily Well No. 2
	First Name	Last N	lame Come	eany / Department / Organization
42 Drilled For:				
		35 ROREAL	In sk	Sketch of Well Location setch indicate distances from property line, septic field, fuel lank(s) and building.
4 Town / Village	/ Area / Lot #: Mi	NERS RIDGI	E SUBD.	Please Include North arrow.
15 UTM Coordina	ates (using handheld	GPS): NAD 8 3 Z	one LOT	
Eas	tino	Northing		1 zone 8
6 Elevation of T		m (BASL		7807
7 Accuracy of C	-	+/- m /®	69	4 73 2 8
National Na	☐ Test Well	☐ Irrigation ☐ Observation - Water L ☐ Public/Recreational	☐ Environmental evel ☐ Other (please i	
OG OF OVERBU	(brown, gray, green, black, redist; beige, other, yellowish)	CK MATERIALS (All depths CLAY SILT, SAND, GRAVEL COSBLES, BOULDERS, BEDROCK SAND	are below ground surface, circle ap trace" <10% (i.e. SRT lines pravel) "some" 10-20% (i.e. SAND some prave "silly" sarely" gasely" 20-30% (i.e. silly Silly" some and gravel "some allt trace gravet "some allt	propriate units, use descriptors provided) (i) MOISTURE dry/moist/saturated (we) HARDNESS soft / hard / hery hard soft and saturated
Depth (m (1)	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	
B2 From B3 To	brown	51	Do Secondary materials	B7 General Description
7 112 112	grey black	Clay bedrack,	grand - 95	
20 10 10 10 10 10 10 10 10 10 10 10 10 10		The second secon		
8 Permafrost En	countered: NO	YES If yes, indicated de	pth (m /th): from: to	
	CTION (Continues on Page	Completed L	Y	Example: 2005 01 31
1 Drilling Metho	Air Rolary (Conventi		Other (please specify)	C2 Well Type: In strat geological material is water producing John focaled
	☐ Reverse Air Rotary ☐ Mud Rotary	Cable Tool		OVERBURDEN BEDRO
asing (depth below (ground surface, please circle ap	Auger (Hollow / Solid	and the second second	C7 Other Comments Regarding Casin
3 Outside Diameter	C4 Casing M (cm (m)	2/9 (cm/	kness C6 Casing Depth to:	

Surface / Environmental Seal (depth below ground surface, please circ	de appropriate units)		
		Depth from:	C11 Seal Depth to:	C12 Volume Placed:
Gravel Pack (depth below ground surface	e, olease circle appropriate units)			
	ndicated depth (m (1)):	meter of material:	(nm/ho⊖es) Mat	erial type:e, silica }
Well Screen Information (depth be	elow ground surface, please circle appre	opriate units) C17 D	Depth from: C18 Depth	
C14 Outside C15 Screen Materi Diameter (cm /@) Steel Plastic N/A Other	al C16 Screen Type	Screen 2.	(m (k)	(m (h) Thou, / mm / m(h)s (m (l) Thou, / mm / m(h)s (m / ll) Thou, / mm / m(h)s
WELL DEVELOPMENT AND ST	TATUS	and the state of t	And the second second second second	
Surge Block Water Jetting Pittes Air Jetting Air Lifting Bailing Wat	House (above)	ground surface) (m (t)) e negative if below grade D7 W	A Static Water Level (periow for prices) (Use negative il below gravitali Abandonment Status Vas lihe well properly decominit bentonite grout?	D8 Method Used to Estimate Well Yield Air Lifting
☐ Water Supply (in use) ☐ Not in a		Dry	□NC	
Stand by (Back-up) Deape Observation Other:	ned # well was	Post Quality III	YES, Indicate Date:	Pumping Test (If test conducted, complete Pumping Test Record)
2 0000.	genet relation:	Artesian conditions		
CARA .			YYYYMM	D D
PUMPING TEST RECORD AND (All depiles below ground, circle appropriate un	O GROUNDWATER QUALIT	ſΥ	Drawdown	wdown/Recovery DATA Recovery Ime Water Level
E1 Pumping Test Information	RECOMMENDATIONS		Time Water Level (min) (mil 1)	Time Water Level (min) (m / ft)
Pumping Test Start Date:	Recomm. Pump Depth:		0 (SWL)	D (FWL)
YYYYMMDD	(m.K)	(D)		1
Static Water Level (SWL):	Recomm. Pumping Rate:		2	2
(m/@)	phone and the same	/g@m)	3	3
Pump Intake Set at:	\ \'```	30.7	4	4
(m/(fb)	If flowing, provide rate:		5	5
The second secon	(Lps	/g@ph)	10	10
Duration of pumping: hrs min			15	15
			20	20
Final Water Level (FWL) at end of Pumping Test:			25	25
[(m /tb)			30	30
G1 GROUNDWATER QUALITY			40	40
Field Data	Turbidity/Sand Content		4 50	50
Date Measurements Taken:	Clear		60	60
Annual Supplemental description	Slightly turbid/cloudy		Bacteria Testing	
YYYMMDD	Moderately turbid/cloud		Was a sample taken?	YES NO If yes, indicate the
	☐ Turbid/cloudy	.	Date Sample Taken:	name of the laboratory.
Electrical Conductivity: uS	Trace sand present		Commence of the second	
pH:	☐ No sand present		YYYYMM	D D
Temperature: C	Well Disinfection		Chemical Analysis of Water	
Groundwater Type			Was a sample taken?	/ 55, 5,5,5,5
☐ Salty	Was the well disinfected upon of the pump installation?	completion	Date Sample Taken:	, name of the laboratory.
Sulphur / Egg Odour	YE	ES 🗌 NO	YYYYMM	
☐ Organic Taste / Odour	Briefly describe method of well	disinfection.	* * * * * * *	0 0
☐ Metallic Taste	American Committee of the Committee of t			
Other:	And the second second			and the second s
WELL CONTRACTOR	THE STATE OF THE S	and all of the second Mines	CONSULTANT (If applica	ble)
H1 Name of Contractor / Drilling Compa	ny:	A second	I 1 Company Name:	
H2 Name of Driller(s):		10,000	I 2 Company Address:	
H3 Address of Driller:			I 3 Report Reference:	
1000			I 4 Report Date.	
Signature of Primary Driller	Y Y Y Y			Y Y Y M M D D
ADDITIONAL INSTRUCTIONS	Water Resources Section (V-310),	Personal information of	contained on this form is collected	ed under the authority of the Access to ction 29 (c) and will be used to compile a
Upon completing this form, please mail or fax it to:	Department of Environment, Government of Yukon Box 2703,	public database of we Manager of Hydrology	ll and ground water information, Water Resources at (867) 667	For further information contact the
Please feel free to contact us at:	Whitehorse, Yukon, Canada Y1 A 2C6	1-800-661-0408 Ext 3	223, clause and	
Phone: (867) 667-3171, Toll free (in Yukon): (1 800) 661 0406. local 3171) Fax: (867) 667-3195 E-mail: Water Rescurces 4 gov/k.ca collection of personal information. Signature of Well Owner				