

Owner name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City / Town: Whitehorse Prov. / Terr. Y.T. Postal Code \_\_\_\_\_

Well Location Address: Street No. 168 Street name War Eagle Way City / Town Ravens Ridge

Legal description: Lot \_\_\_\_\_ Plan \_\_\_\_\_ D.L. \_\_\_\_\_ Block \_\_\_\_\_

PID: \_\_\_\_\_  AND Description of well location (attach sketch if nec.): Between house & Street  
Approx 20' from house

NAD 83: Zone: \_\_\_\_\_  AND UTM Easting: 0849250 E m  Latitude: \_\_\_\_\_  
UTM Northing: 6633841 N m  Longitude: \_\_\_\_\_

Method of drilling:  air rotary  dual rotary  cable tool  mud rotary  auger  driving  jetting  other (specify) \_\_\_\_\_

Orientation of well:  vertical  horizontal Ground elevation \_\_\_\_\_ ft (asl) Method: \_\_\_\_\_

Class of well: \_\_\_\_\_

Water supply wells, indicate water use:  private domestic  water supply system  irrigation  commercial or industrial  
 other (specify) \_\_\_\_\_

LITHOLOGIC DESCRIPTION		Surficial Material								Bedrock Material								Color								Hardness				Water Content						Observations (e.g. other geological materials (e.g. boulders), est. water bearing flow (USgpm), or closure details)
From ft (bgl)	To ft (bgl)	Clay	Silt	Fin	Sand with clay/silt	Sand, fine-med	Sand, med-coarse	Sand with gravel	Siltstone/Shale	Sandstone	Granodiorite	Limestone	Basalt	Volcanic	Crystalline	Other Surficial Bedrock	Red	Orange	Brown	Black	Light Grey	Blue	Green	Dark Grey	Very Hard	Hard	Dense / Stiff	Loose	Dry	Moist	Wet	High Production	Lost circulation	Not available		
0	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fractured B.R.
7	397	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CASING DETAILS						SCREEN DETAILS				
From ft (bgl)	To ft (bgl)	Dia in	Casing Material / Open Hole	Wall Thickness in	Drive Shoe	From ft (bgl)	To ft (bgl)	Dia in	Type	Slot Size
0	20	6 5/8	Steel	2 1/4	D.R.					

Surface seal: Type Berlante Depth 15 ft  
 Method of installation  Poured  Pumped Thickness 10 in  
 Backfill: Type \_\_\_\_\_ Depth \_\_\_\_\_ ft  
 Liner:  PVC  Other (specify): \_\_\_\_\_  
 Diameter 4.5 in Thickness 250 in  
 From 17 ft (bgl) To 352 ft (bgl)  
 Perforated: From 352 ft (bgl) To 397 ft (bgl)

Intake:  Screen  Open bottom  Uncased hole  
 Screen type:  Telescope  Pipe size  
 Screen material:  Stainless steel  Plastic  Other: \_\_\_\_\_  
 Screen opening:  Continuous slot  Slotted  Perforated pipe  
 Screen bottom:  Bail  Plug  Plate  Other: \_\_\_\_\_  
 Filter pack: From \_\_\_\_\_ ft To \_\_\_\_\_ ft Thickness: \_\_\_\_\_ in  
 Type and size of material: \_\_\_\_\_

DEVELOPED BY	FINAL WELL COMPLETION DATA
<input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Surging <input type="checkbox"/> Jetting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing Other (specify): _____ Total duration: _____ hrs Notes: _____	Total depth drilled: <u>397</u> ft Finished well depth: <u>397</u> ft (bgl) Final stick up: <u>19"</u> in Depth to bedrock: _____ ft (bgl) SWL: <u>130</u> ft (bgl) Estimated well yield <u>24</u> USgpm Artesian flow: _____ USgpm, or Artesian pressure: _____ ft Type of well cap: <u>Locking</u> Well disinfected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where well ID plate is attached: _____
WELL YIELD ESTIMATED BY	OBVIOUS WATER QUALITY CHARACTERISTICS
<input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Bailing <input type="checkbox"/> Other (specify): _____ Rate: _____ USgpm Duration: _____ hrs SWL before test: _____ ft (btoc) Pumping water level: _____ ft (btoc)	<input type="checkbox"/> Fresh <input type="checkbox"/> Salty <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Sediment <input type="checkbox"/> Gas Colour / Odour: _____ Water sample collected: <input type="checkbox"/>
WELL DRILLER (print clearly)	WELL CLOSURE INFORMATION
Name (first, last): _____ Consultant (if applicable, name & company): _____  Signature of Driller Responsible: _____	Reason for closure: _____ Method of closure: <input type="checkbox"/> Poured <input type="checkbox"/> Pumped Sealant Material: _____ Backfill material: _____ Details of closure: _____
DATE OF WORK (yyyy/mm/dd)	COMMENTS
Started: <u>Aug 19/20</u> Completed: <u>Aug 22/20</u>	_____

PLEASE NOTE: The information recorded in this well report describes the works and hydrogeologic conditions at the time of construction, alteration or closure as the case may be. Well yield, well performance and water quality are not guaranteed as they are influenced by a number of factors, including natural variability, human activities and condition of the works, which may change over time.