

COPY 104

WATER WELL DRILLERS FORM

Well Record Page 1 of 2

Well ID: [] To be assigned by Dept. Of Environment



Department of Environment Water Resources Section Yukon Water Well Registry Box 3 Whitehorse, Yukon, Y1A 2C6

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 867 667-3171.

- 3. 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.
6. Please specify metric or imperial units for all measurements.

WELL LOCATION AND OWNER'S INFORMATION

A1 Well Name: [] Optional (i.e. City Well No. 2)

First Name Last Name

Company / Department / Organization

A2 Drilled For: BRIAN TURKEY

A3 Street Address of Well Location: MARSH LAKE

A4 Town / Village / Area / Lot #: LOT 13 JUDAS CREEK

A5 UTM Coordinates (using handheld GPS): NAD 83 Zone: []

Easting Northing

A6 Elevation of Top of Casing: [] m / ft ASL

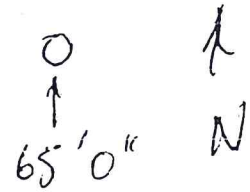
A7 Accuracy of GPS: [] +/- m / ft

A8 Purpose of Wells

- Domestic, Test Well, Irrigation, Environmental (Quality), Commercial, Municipal, Observation - Water Level, Other (please identify use), Industrial, Agricultural, Public/Recreational

Sketch of Well Location

In sketch, indicate distances from property line, septic field, fuel tank(s) and building. Please include North arrow.



LOG OF OVERBURDEN AND BEDROCK MATERIALS (All depths are below ground surface; circle appropriate units; use descriptors provided)

Table with 5 columns: B2 From, B3 To, B4 General Colour, B5 Most Common Material, B6 Secondary Materials, B7 General Description. Includes handwritten entries for various soil and rock layers.

B8 Permafrost Encountered: [X] NO [] YES If yes, indicated depth (m / ft): from: 0 to: 67.6'

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 27/08/2009

Example: 31/01/2005

C1 Drilling Method: [] Air-Rotary (Conventional), [] Dug, [] Other, [] Reverse Air Rotary, [X] Cable-Tool, [] Mud-Rotary, [] Auger (Hollow / Solid Stem)

C2 Well Type: In what geological material is the water producing zone located? [] OVERBURDEN [] BEDROCK

Casing (depth below ground surface, please circle appropriate units)

C3 Outside Diameter: 6.625 (in)

C4 Casing Material: [X] Steel, [] Plastic, [] Other

C5 Casing Wall Thickness: 0.196 (cm / in)

C6 Casing Depth to: 67.6' (m / ft)

C7 Other Comments Regarding Casing:

Surface / Environmental Seal (depth below ground surface, please circle appropriate units)

C8 Seal Material Type: CLAY (i.e. Bentonite)
 C9 Diameter of Seal: 10 (mm / in)
 C10 Seal Depth from: 2 (mm / ft)
 C11 Seal Depth to: 12 (mm / ft)
 C12 Volume Placed: _____ (m³ / ft³)

Gravel Pack (depth below ground surface, please circle appropriate units)

C13 Gravel Pack: NO If yes, indicated depth (m / ft): _____
 YES from: NA to: _____ Indicate diameter of material: _____ (mm / inches) Material type: _____ (i.e. silica)

Well Screen Information (depth below ground surface, please circle appropriate units)

C14 Outside Diameter: _____ (cm / in)
 C15 Screen Material: Stainless Steel Steel Plastic N/A Other: _____
 C16 Screen Type: Continuous Wire Wrap Louver Screen Perforated Slotted Open Hole
 C17 Depth from: _____ (m / ft)
 C18 Depth to: _____ (m / ft)
 Slot Size / Perforation Dia: _____ Thou. / mm / inches
 Screen 1: _____ (m / ft) _____ (m / ft) _____ Thou. / mm / inches
 Screen 2: _____ (m / ft) _____ (m / ft) _____ Thou. / mm / inches
 Screen 3: _____ (m / ft) _____ (m / ft) _____ Thou. / mm / inches
 C19 Screen Comments: _____

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Surge Block Water Jetting Air Jetting / Air Lifting Pailing Pumping Other: _____
 D2 Well Head Completion: Well House Pitless Adaptor Depth of adaptor: 6 (mm / ft) Well Pit (NOT PERMITTED) None (well not completed)
 D3 Well Head Stick-up (above ground surface): 2 (mm / ft) (Use negative if below grade)
 D4 Static Water Level (below top of casing): _____ (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate: _____ (Lps / gpm)
 D6 Final Well Status: Water Supply (in use) Stand by (Back-up) Observation Not in use Deepened Other: _____ Abandoned Dry Poor Quality Insufficient Yield
 D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? YES NO
 D8 Method Used to Estimate Well Yield: Air Lifting Pailing Pumping Test (If test conducted, complete Pumping Test Record)

PUMPING TEST RECORD AND GROUNDWATER QUALITY

(All depths below ground, circle appropriate units)

E1 Pumping Test Information

Pumping Test Start Date: 21 8 10 9 21 0 19
 Static Water Level (SWL): 45 (m / ft)
 Pump Intake Set at: 60 (m / ft)
 Duration of pumping: _____ hrs _____ min
 Final Water Level (FWL) at end of Pumping Test: _____ (m / ft)

RECOMMENDATIONS

Recomm. Pump Depth: 60 (m / ft)
 Recomm. Pumping Rate: 10 (Lps / gpm)
 If flowing, provide rate: _____ (Lps / gpm)

F1 Well Water Level Drawdown/Recovery DATA

Drawdown		Recovery	
Time (min)	Water Level (m / ft)	Time (min)	Water Level (m / ft)
0 (SWL)		0 (FWL)	
1		1	
2		2	
3		3	
4		4	
5		5	
10		10	
15		15	
20		20	
25		25	
30		30	
40		40	
50		50	
60		60	

G1 GROUNDWATER QUALITY

Field Data: Date Measurements Taken: _____
 Electrical Conductivity: _____ uS
 pH: _____
 Temperature: _____ °C

Turbidity/Sand Content

Clear
 Slightly turbid/cloudy
 Moderately turbid/cloudy
 Turbid/cloudy
 Trace sand present
 No sand present

Well Disinfection

Was the well disinfected upon completion of the pump installation? YES NO
 Briefly describe method of well disinfection:

BLEACH

Groundwater Type

Salty
 Sulphur / Egg Odour
 Organic Taste / Odour
 Metallic Taste
 Other: Good

Bacteria Testing

Was a sample taken? YES NO
 Date Sample Taken: 21 8 10 9 21 0 19
 If yes, indicate the name of the laboratory: _____

Chemical Analysis of Water

Was a sample taken? YES NO
 Date Sample Taken: 21 8 10 9 21 0 19
 If yes, indicate the name of the laboratory: ALS

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: 13634 GLETON IUL
 H2 Name of Driller(s): ROGER POOLG
 H3 Address of Driller: Box 1041 WHITE HORSE VIA 740
 Signature of Primary Driller: _____
 Date Submitted to Dept. Of Environment: _____

CONSULTANT (If applicable)

I-1 Company Name: _____
 I-2 Company Address: _____
 I-3 Report Reference: _____
 I-4 Report Date: _____

ADDITIONAL INSTRUCTIONS

Upon completing this form

Water Resources Section (V-310), Department

Please feel free to contact us at:

Phone: (867) 887-2474 Toll free: (867) 462-0041