

Date: Aug 8/07
Well Owner: Mike Blumenschein
Address: Lot 1470
Takhini River Road
Phone: _____ Fax: _____

Contractor: Pathway Water Resources
Address: Box 21048 Whitehorse YT
Phone: 668-7208 Fax: 668-7208
Driller: Ron Toews

General Information

Well Location: At owners address Other

Water Quality: Good Poor, why _____

Water Analysis: chemical Biological none

Comments: _____
Taste: _____

Water use: domestic Stock Garden

Irrigation Heat pump Industry

Community supply; number of connections _____

Other _____

Aquifer: Rock Sand and gravel

Well Capacity

Capacity: dry hole Inadequate

Satisfactory for proposed use

Capacity test: Bail test Air lift Pump test

Length of test 2 hrs minutes Rate: 59pm

Water level at start: 227 ft.

Drawdown at end: 230 ft.

Estimated well capacity: 59pm

Was a water sample taken at end of test? Yes No

Final well completion

Cover on casing Welded plate Pitless adaptor

Aluminium cover Well seal

Casing: above ground In pit In old dug well

Is casing sealed? Yes No

If Yes, describe: _____

Is site protected from obvious hazards, ie. poor drainage, grazing animals, buried fuel tanks, etc. Yes No

If no, what can be done? _____

If well location cannot be described from a road address, please sketch approximate location on reverse side of file copy of well record or attach separate sheet.

Well Log		Metres <input type="checkbox"/>	Feet <input checked="" type="checkbox"/>
From	To	Description	
0	150	clay	
150	176	silty sand	
176	182	glacial till	
182	220	silty sand	
220	223	clay & silt.	
223	230	fine, clean sand	
230	246	course, wet sand	

* If drilling is in rock, note depth of fractures which make water.

Well Construction

Surface Casing: Diameter 8"
Length 17' Stick up 18"

removed Left in place

Well Casing: Diameter 6"

Length 241' Stick up 18"

Wall thickness: 250 in.

Casing shoe yes no

Completion: well screen slotted pipe

open end other

Well screen: stainless galvanized steel

plastic

from 241' to 246' slot width _____

from _____ to _____ slot width _____

Design based on: sieve analysis

estimated slot size

Other screen data: _____

Development method: surge bail air

water jet pump other _____

Static water level below ground: 227 ft.

flowing Rate: _____

WATER WELL DRILLERS FORM

Well ID:

To be assigned by Dept. Of Environment

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.
- Please print clearly in blue or black ink.
- Completion and submission of this form is the responsibility of the drilling contractor.
- 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)

A2 Drilled For: First Name Last Name Company / Department / Organization

A3 Street Address of Well Location:

A4 Town / Village / Area / Lot #:

A5 UTM Coordinates (using handheld GPS): NAD Zone

Easting Northing

A6 Elevation of Top of Casing: m (ft) ASL

A7 Accuracy of GPS: +/- m / ft

Sketch of Well Location

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

A8 Purpose of Wells

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

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

EXAMPLE ONLY		(brown, grey, green, black, reddish, beige, olive, yellowish)	CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK	"trace" <10% (i.e. SILT trace gravel) "some" 10-20% (i.e. SAND some gravel) "silty / sandy / gravelly" 20-30% (i.e. silty SAND) "and sand" or "and gravel" 35-50%	MOISTURE: dry / moist / saturated (wet) HARDNESS: soft / hard / very hard	
		brown	SAND	trace gravel some silt	soft and saturated	
Depth (m / ft)	B2 From	B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
	0	150		clay		
	150	176	brown	silt	sand	
	176	182	grey	glacial fill		
	182	220	brown	silt	sand	
	220	223	grey	clay	silt	
	223	270	brown	sand		fine clean sand
	270			sand		wet + coarser

B8 Permafrost Encountered: NO YES If yes, indicated depth (m / ft): from: to:

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed

Example:
2005 01 31

C1 Drilling Method Air Rotary (Conventional) Dug Other (please specify)
 Reverse Air Rotary 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 (cm) (in)
 C4 Casing Material Steel Plastic Other
 C5 Casing Wall Thickness (cm) (in)
 C6 Casing Depth to: (m) (ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: Bentonite chips (i.e. Bentonite)
 C9 Diameter of Seal: 8 (cm) (in)
 C10 Seal Depth from: 17 (m) (ft)
 C11 Seal Depth to: 20 (m) (ft)
 C12 Volume Placed: _____ (m³ / ft³)

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

C13 Gravel Pack: NO YES If yes, indicated depth (m / ft): _____ from: _____ 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): 5
 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: Screen 1. 241 (m / ft) Screen 2. _____ (m / ft) Screen 3. _____ (m / ft)
 C18 Depth to: 246 (m / ft) _____ (m / ft) _____ (m / ft)
 Slot Size / Perforation Dia: 10 (Thou.) / mm / inches _____ (Thou.) / mm / inches _____ (Thou.) / mm / inches
 C19 Screen Comments: _____

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Surge Block Water Jetting Air Jetting / Air Lifting Bailing Pumping Other: _____
 D2 Well Head Completion: Well House Pitless Adaptor Depth of adaptor: _____ (m / ft) Well Pit (NOT PERMITTED) None (well not completed)
 D3 Well Head Stick-up (above ground surface): 1815 (m) (ft) (Use negative if below grade)
 D4 Static Water Level (below top of casing): 227 (m) (ft) (Use negative if below grade)
 D5 Well Yield Estimate: 5 (Lps / gpm)
 D6 Final Well Status: Water Supply (in use) Stand by (Back-up) Observation Not in use Deepened Other: _____ Abandoned If well was abandoned, please give reason: _____ Dry Poor Quality Insufficient Yield Artesian conditions
 D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? YES NO If YES, Indicate Date: _____
 D8 Method Used to Estimate Well Yield: Air Lifting Bailing 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: _____
 Y Y Y Y M M D D

Static Water Level (SWL): _____ (m / ft)

Pump Intake Set at: _____ (m / ft)

Duration of pumping: _____ hrs _____ min

Final Water Level (FWL) at end of Pumping Test: _____ (m / ft)

RECOMMENDATIONS

Recomm. Pump Depth: 241 (m / ft)
 Recomm. Pumping Rate: 5 (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: _____
 Y Y Y Y M M D D

Electrical Conductivity: _____ uS
 pH: _____
 Temperature: 35.5 °C

Groundwater Type
 Salty
 Sulphur / Egg Odour
 Organic Taste / Odour
 Metallic Taste
 Other: _____

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.

Bacteria Testing

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken: 20100808 Environment Health
 Y Y Y Y M M D D

Chemical Analysis of Water

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken: 2010070808 ALB Environment
 Y Y Y Y M M D D

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: Pathway Water Resources
 H2 Name of Driller(s): Don Toews
 H3 Address of Driller: Box 21048 Whse, Y.T.

 Signature of Primary Driller

 Y Y Y Y M M D D
 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: _____
 Y Y Y Y M M D D

ADDITIONAL INSTRUCTIONS

Upon completing this form, please mail or fax it to:
 Please feel free to contact us at:
 Phone: (867) 667-3171, Toll free (in Yukon): (1-800) 661-0408, local 3171
 Fax: (867) 667-3195 E-mail: Water.Resources@gov.yk.ca

Personal information contained on this form is collected under the authority of the Access to Information and Protection of Privacy (ATIP) Act, Section 29 (c) and will be used to compile a public database of well and ground water information. For further information contact the Manager of Hydrology, Water Resources at (867) 667-3223, toll free within Yukon 1-800-661-0408 Ext 3223.
 I have read the above clause and understand the purpose for collection of personal information.

 Signature of Well Owner