

Well ID:		<input type="checkbox"/> Metric <input type="checkbox"/> Imperial	
Well information			
Well address and lot number (if applicable)		Sketch of well location (please include a north arrow)	
City			
Province/territory	Postal code		
Elevation of top of casing (m/ft)	NAD 83: Zone		
UTM easting	UTM northing		
Purpose of well: <input type="checkbox"/> domestic <input type="checkbox"/> irrigation <input type="checkbox"/> municipal <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> environmental <input type="checkbox"/> other: _____		Drilling method: <input type="checkbox"/> sonic <input type="checkbox"/> air rotary <input type="checkbox"/> mud rotary <input type="checkbox"/> auger <input type="checkbox"/> other: _____	
Well construction			
Date well completed: YYYY/MM/DD			
Casing		Screen	
Outside diameter (cm/in):		Outside diameter (cm/in):	
Casing material:		Screen material:	
Wall thickness (cm/in):		Screen type:	
Casing depth (m/ft):		Depth:	
Liner: <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____		Slot size:	
Surface seal		From: to: (m/ft) cm/in	
Type	Diameter (cm/in)	From: to: (m/ft) cm/in	
Depth (m/ft)	Volume (m ³ /ft ³)	From: to: (m/ft) cm/in	
Gravel pack			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, depth (m/ft):		Type:	Diameter (cm/in):
Well development and status			
Final well data: Stick-up: _____ (m/ft) SWL: _____ (m/ft, btoc) Well cap: _____			
Artesian flow: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Developed by: <input type="checkbox"/> Surging <input type="checkbox"/> Air lifting <input type="checkbox"/> Jetting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing <input type="checkbox"/> Other: _____			
Well yield by: <input type="checkbox"/> Air lifting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing <input type="checkbox"/> Other: _____ Rate: _____ (lps/gpm)			
Duration: _____ (hrs)			
Water quality: <input type="checkbox"/> Fresh <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Sediment <input type="checkbox"/> Gas <input type="checkbox"/> Temp.: _____			
Colour: _____ Odour: _____			
Closure: Reason of closure: _____ Method of closure: _____			
Sealant material: _____ Backfill material: _____			

Well contractor	
Drilling company	Drilling date YYYY/MM/DD
Consultant (if applicable)	
Company name	Report reference

Log of overburden and bedrock materials

All depths are below ground surface – mark an “X” in applicable descriptors provided. Use codes for relative abundance of Surficial Material of each major class, such as P = primary, S = secondary, T = trace

From m/ft (bgl)	To m/ft (bgl)	Surficial material		Bedrock material		Colour		Hardness		Water content		Other observations [e.g. other geological materials (e.g. boulders), visible ice, est. water bearing flow (USgpm), or closure details]																						
		Clay	Silt	Till	Sand with clay/silt	Sand, fine-med	Sand, med-coarse	Sand with gravel	Siltstone/shale	Sandstone	Conglomerate		Limestone	Basalt	Volcanic	Cyrstalline	Other surficial	Red	Orange	Brown	Tan	Light grey	Blue	Green	Dark grey	Very hard	Hard	Moderate	Loose	Dry	Moist	Saturated	High production	Lost circulation
							</																											

Permafrost encountered: ☐ No ☐ Yes If yes, indicated depth: from ____ to ____ (m/ft)

Upon completing this form, please email it to: Water.Resources@yukon.ca. If mail is preferred, please send to: Water Resources Branch (V-310), Department of Environment, Government of Yukon, Box 2703, Whitehorse, Yukon, Y1A 2C6. Please feel free to contact us at: Phone: (867) 667-3171, Toll free (in Yukon): (1-800) 661-0408, Fax: (867) 667-3195, E-mail: Water.Resources@yukon.ca. The contents of the Water Well Drilling Form will be added to the Yukon Water Well Registry, which can be accessed at: <https://yukon.ca/groundwater>.