



Well ID: <u>YOWN 22-06</u>		<input type="checkbox"/> Metric <input checked="" type="checkbox"/> Imperial	
Well information			
Well address and lot number (if applicable)		Sketch of well location (please include a north arrow)	
City <u>TESLIN</u>			
Province/territory <u>YT</u>	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 checked="" type="checkbox"/> environmental <input type="checkbox"/> other: _____		Drilling method: <input checked="" 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: <u>YYYY/MM/DD</u>			
Casing		Screen	
Outside diameter (cm/in): <u>2'</u>		Outside diameter (cm/in): <u>2'</u>	
Casing material: <u>PVC</u>		Screen material: <u>PVC</u>	
Wall thickness (cm/in):		Screen type:	
Casing depth (m/ft):		Depth:	
Liner: <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____		From: <u>45</u> to: <u>55</u> (m/ft)	Slot size: _____ cm/in
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: <u>0.981</u> (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: _____			



ENVIRONMENT
WATER WELL DRILLING

Well ID: TESLIN #1 (YOWN-22) Metric Imperial

Well information

Well address and lot number (if applicable) _____ Sketch of well location (please include a north arrow)

City TESLIN (PULL OUT BY HWY)

Province/territory YT Postal code _____

Elevation of top of casing (m/ft) _____ NAD 83: Zone _____

UTM easting _____ UTM northing _____

Purpose of well: domestic irrigation
 municipal commercial industrial
 environmental other: _____

Drilling method: sonic air rotary mud rotary
 auger 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:	Slot size:
Liner: <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____		From: _____ to: _____ (m/ft)	_____ cm/in
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

No 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: No Yes

Developed by: Surging Air lifting Jetting Pumping Bailing Other: _____

Well yield by: Air lifting Pumping Bailing Other: _____ Rate: _____ (lps/gpm)

Duration: _____ (hrs)

Water quality: Fresh Clear Cloudy Sediment Gas Temp.: _____

Colour: _____ Odour: _____

Closure: Reason of closure: _____ Method of closure: _____

Sealant material: _____ Backfill material: _____

