



Department of Environment
Water Resources Section
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon, Y1A 2C6

WATER WELL DRILLERS FORM

Well Record Page 1 of 2

Well ID:
To be assigned by Dept. Of Environment

204140208
COPY

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: XXXXXXXXXX

A3 Street Address of Well Location: KM 1493 Alaska Hwy

A4 Town / Village / Area / Lot #: Lot 1294

A5 UTM Coordinates (using handheld GPS): NAD 8 3 Zone

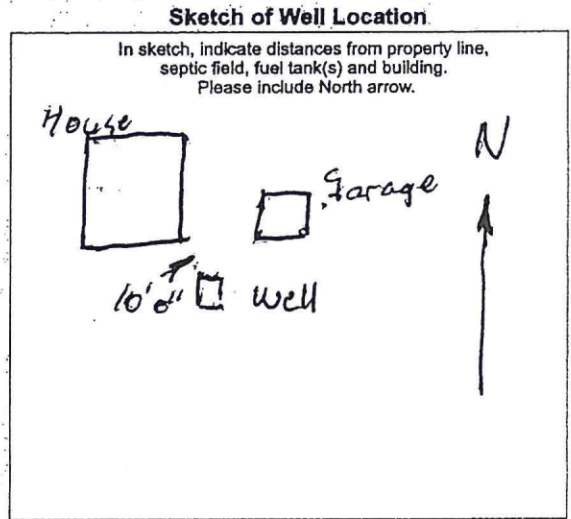
Easting: Northing:

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:



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	17	Brown	Sand		
	17	21	Brown	clay		
	21	30	grey	clay		
	30	35	grey	sand		
	35	49	grey			
	49	61	Green		with casing	Glacial Fill
	61	241	Black	Quartzite		Bed Rock
	241	301		Shale		

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 07 05 20 05
D D M M Y Y Y Y

Example: 31 01 2005

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: 6" (cm / in)

C4 Casing Material: Steel Plastic Other

C5 Casing Wall Thickness: 250 (cm / in)

C6 Casing Depth to: 6' (m / ft)

C7 Other Comments Regarding Casing:

WELL CONSTRUCTION (Continued from Page 1)

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

C8 Seal Material Type: Rock Rock (i.e. Bentonite)
 C9 Diameter of Seal: _____ (cm / in)
 C10 Seal Depth from: 49' (m / ft)

C11 Seal Depth to: 6' (m / 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: _____ 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)
 Screen 2: _____ (m / ft)
 Screen 3: _____ (m / ft)

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)

18" (m / ft)
 (Use negative if below grade)

D4 Static Water Level (below top of casing)

15' 0" (m / ft)
 (Use negative if below grade)

D5 Well Yield Estimate

4 (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

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: 20052005
 Static Water Level (SWL): _____ (m / ft)
 Pump Intake Set at: 295' (m / ft)
 Duration of pumping: _____ hrs _____ min
 Final Water Level (FWL) at end of Pumping Test: _____ (m / ft)

RECOMMENDATIONS

Recomm. Pump Depth: _____ (m / ft)
 Recomm. Pumping Rate: _____ (Lps / gpm)
 If flowing, provide rate: 4 GPM (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: 31052005
 Electrical Conductivity: _____ us
 pH: 7.5
 Temperature: 3.5 °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:
1/2 Gal Bleach

Bacteria Testing

Was a sample taken? YES NO

If yes, indicate the name of the laboratory.

Date Sample Taken: _____

Whse Hospital

Chemical Analysis of Water

Was a sample taken? YES NO

If yes, indicate the name of the laboratory.

Date Sample Taken: _____

OPETWA

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: 13634 Yukon
 H2 Name of Driller(s): _____
 H3 Address of Driller: _____
 Signature of Driller: _____
 Date Submitted to Dept. Of Environment: 01112005

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, please mail or fax it to:

Water Resources Section (V-310), Department of Environment, Government of Yukon
 Box 2703, Whitehorse, Yukon, Canada Y1A 2C6

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