YTG W 50

WATER WELL DRILLERS FORM

Yukon Government
Department of Environment
Water Resources Section V-310
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon Y1A 2C6

Well ID: _____ To be assigned by Dept. Of Environment

Metric ○ Imperial ✓

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)

A2 Drilled For: First Name [redacted] Last Name [redacted] Company / Department / Organization

A3 Street Address of Well Location: 41 HARBOTTLE

A4 Town / Village / Area / Lot #: WOLF CREEK

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

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

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" 20-35% (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	20		gravel		
20	40		gravel	clay	
40	120		Bed Rock		

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

WELL CONSTRUCTION *(Continues on Page 2)*

Date Well Completed 20070727 (Y Y Y Y M M D D) *Example: 2005 01 31*

C1 Drilling Method
- ☒ Air Rotary (Conventional)
- ☐ Reverse Air Rotary
- ☐ Mud Rotary
- ☐ Dug
- ☐ Cable Tool
- ☐ Auger (Hollow / Solid Stem)
- ☐ Other *(please specify)* _____

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 .277 (cm / in)

C6 Casing Depth to: 40 (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: Bentonite (i.e. Bentonite)
C9 Diameter of Seal: 10 (cm / in)
C10 Seal Depth from: 0 (m / ft)
C11 Seal Depth to: 13 (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)

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:	C18 Depth to:	Slot Size / Perforation Dia:
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 ☐ 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)* 2 (m / ft) *(Use negative if below grade)*

D4 Static Water Level *(below top of casing)* 32 (m / ft) *(Use negative if below grade)*

D5 Well Yield Estimate 6 (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: Y Y Y Y M M D D

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: (m / ft)

Recomm. Pumping Rate: (Lps / gpm)

If flowing, provide rate: (Lps / gpm)

F1 Well Water Level Drawdown/Recovery DATA

Drawdown Time (min)	Drawdown Water Level (m / ft)	Recovery Time (min)	Recovery 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: °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: 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: Y Y Y Y M M D D

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: Cathway
H2 Name of Driller(s): Cathway Water Rep.
H3 Address of Driller: 10/13 Copper Rd.

Signa[redacted]

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:

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

Personal information contained on this form is collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) 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