

Y264

Well ID:
To be assigned by Dept. Of Environment

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: 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

A8 Purpose of Wells

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

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

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

EXAMPLE ONLY

Depth (m / ft)		B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
B2 From	B3 To				
0	20	Brown	gravel	Sand	
20	40	"	Sand	gravel	
40	101	Black	gravel	sand	very little Sand

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed:
Y Y Y Y M M D D

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

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 (i.e. Bentonite)
C9 Diameter of Seal: 10 (cm)
C10 Seal Depth from: 0 (m)
C11 Seal Depth to: 15 (m)
C12 Volume Placed: (m^2 / ft^2)

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

C13 Gravel Pack: NO
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: 6 (cm)
C15 Screen Material: Stainless Steel
C16 Screen Type: Continuous Wire Wrap
C17 Depth from: 97 (m)
C18 Depth to: 107 (m)
Slot Size / Perforation Dia: 25 (Thou. / mm / inches)
Screen 2, Screen 3, C19 Screen Comments:

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Air Jetting / Air Lifting
D2 Well Head Completion: Pitless Adaptor
D3 Well Head Stick-up: 2 (m)
D4 Static Water Level: 30 (m)
D5 Well Yield Estimate: 30+ (Lps / gpm)
D6 Final Well Status: Water Supply (in use)
D7 Well Abandonment Status: YES
D8 Method Used to Estimate Well Yield: Air Lifting

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)

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:

RECOMMENDATIONS

Recomm. Pump Depth:
(m / ft)
Recomm. Pumping Rate:
(Lps / gpm)
If flowing, provide rate:
(Lps / gpm)

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.

F1 Well Water Level Drawdown/Recovery DATA

Table with 4 columns: Time (min), Water Level (m / R), Time (min), Water Level (m / R). Rows for Drawdown and Recovery at 0, 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60 minutes.

Bacteria Testing

Was a sample taken? YES NO
Date Sample Taken:
Y Y Y Y M M D D

Chemical Analysis of Water

Was a sample taken? YES NO
Date Sample Taken:
Y Y Y Y M M D D

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: Cathray Water
H2 Name of Driller(s):
H3 Address of Driller: 101 B Copper Rd.
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

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

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.

I have read the above clause and understand the purpose for collection of personal information.

Signature of Well Owner