

W-16



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

Well Record Page 1 of 2
**WATER WELL
DRILLERS FORM**

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:

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		(brown, grey, green, black, redish, beige, olive, yellowish)	CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK	traces <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	
Depth (m / ft)	B2 From	B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
	0	20	brown	Sand	gravel	
	20	40	"	"	"	
	40	60	"	"	"	
	60	65	"	"	"	
	65	90	"	Sand	—	
	90	100	grey	Clay	—	
	100	120	grey	Clay	Sand	
	120	140	brown/grey	Sand	Clay	
	140	170	brown/red	Sand	gravel	
	170	190	red / brown	gravel		water

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

Casing (depth below ground surface, please circle appropriate units)

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: (i.e. Bentonite) C9 Diameter of Seal: 100 (cm) C10 Seal Depth from: 0-15 (m) C11 Seal Depth to: 15 (m) 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): _____ 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: 198 (m/ft) C18 Depth to: 102 (m/ft) Slot Size / Perforation Dia: 15 (Thou) / mm / inches 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): 100 (m/ft) (Use negative if below grade) D5 Well Yield Estimate: 5 (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		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: _____ 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 Water Res.
H2 Name of Driller(s): _____
H3 Address of Driller: _____
_____ Y Y Y Y M M D D
Date Submitted to Dept. Of Environment

CONSULTANT (if applicable)

I1 Company Name: _____
I2 Company Address: _____
I3 Report Reference: _____
I4 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 collected 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. 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