

W39

**WATER WELL  
DRILLERS FORM**

Well ID:

To be assigned by Dept. Of Environment

Metric  Imperial

**INSTRUCTIONS FOR COMPLETING THE FORM**

- Additional information is provided at the bottom of this form on page 2.
- Question can be directed to Water Resources at 867 667-3171.
- All well construction measurements shall be reported to 0.1 m or 0.3 ft.
- Please print clearly in blue or black ink.
- Completion and submission of this form is the responsibility of the drilling contractor.
- 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  Last Name  Company / Department / Organization

A3 Street Address of Well Location:  5 Cloudberry Ln

A4 Town / Village / Area / Lot #:  Hidden Valley

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

**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			trace gravel	some silt	
1	10	Brown	Sand			
10	135	Grey	Clay			
135	175	Grey	Clay	Silt		
175	240	Brown/Grey	Sand			
240	260	11 "	Sand	gravel		water

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

**WELL CONSTRUCTION** (Continues on Page 2)

Date Well Completed  2016 09 03

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  6 (cm)  (in)  
C4 Casing Material  Steel  Plastic  Other   
C5 Casing Wall Thickness  0.219 (cm)  (in)  
C6 Casing Depth to:  236 (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: (m³/ft³)

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

C13 Gravel Pack: NO
If yes, indicated depth (m/ft):
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: 2.55 (m)
C18 Depth to: 2.60 (m)
Slot Size / Perforation Dia: 20 (Thou. / mm / inches)

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Air Jetting / Air Lifting
D2 Well Head Completion: Well Pit (NOT PERMITTED)
D3 Well Head Stick-up: 0 (m)
D4 Static Water Level: 8.5 (m)
D5 Well Yield Estimate: 207 (Lps/gpm)
D6 Final Well Status: Water Supply (in use)
D7 Well Abandonment Status: Not applicable
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)

RECOMMENDATIONS

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

F1 Well Water Level Drawdown/Recovery DATA

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

G1 GROUNDWATER QUALITY

Field Data

Date Measurements Taken:
Y Y Y Y M M D D

Electrical Conductivity: uS

pH:

Temperature: °C

Turbidity/Sand Content

- Clear
Slightly turbid/cloudy
Moderately turbid/cloudy
Turbid/cloudy
Trace sand present
No sand present

Groundwater Type

- Salty
Sulphur / Egg Odour
Organic Taste / Odour
Metallic Taste
Other:

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:

H2 Name of Driller(s):

H3 Address of Driller:

Signature of Primary 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
Signature of Well Owner

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 2C8

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.