

**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: XXXXXXXXXX Company / Department / Organization

A3 Street Address of Well Location: 9 LOGANBERRY 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**

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Test Well    | <input type="checkbox"/> Irrigation                | <input type="checkbox"/> Environmental (Quality)   |
| <input type="checkbox"/> Commercial          | <input type="checkbox"/> Municipal    | <input type="checkbox"/> Observation - Water Level | <input type="checkbox"/> Other (please identify use)   |
| <input type="checkbox"/> Industrial          | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Public/Recreational       | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |

**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	"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)		B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
B2 From	B3 To				
0	8	brown	Sand	Silty	- moist
8	150	grey	Clay		moist
150	185	grey	Clay		Saturated
185	193	grey	bedrock	+ Sand	Saturated

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

**WELL CONSTRUCTION** (Continues on Page 2) Date Well Completed 2015 08 01 Example: 2005 01 31  
Y Y Y Y M M D D

C1 Drilling Method  Air Rotary (Conventional)  Dug  Other (please specify)   
 Reverse Air Rotary  Cable Tool  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 105 (cm / in) C4 Casing Material  Steel  Plastic  Other   
C5 Casing Wall Thickness .214 (cm / in) C6 Casing Depth to: 193 (m / ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: Bentonite
C9 Diameter of Seal: 10 (cm/in)
C10 Seal Depth from: 7 (m/ft)
C11 Seal Depth to: 16 (m/ft)
C12 Volume Placed: 150 (m3/ft3) 135

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

C13 Gravel Pack: 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: 4.5 (cm/in)
C15 Screen Material: Stainless Steel
C16 Screen Type: Slotted
C17 Depth from: 19.5 (m/ft)
C18 Depth to: 25 (m/ft)
Slot Size / Perforation Dia: 25 Thou. / mm / inches
C19 Screen Comments: 36" exposure 13" Deposition cut

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, Well Pit (NOT PERMITTED), None
D3 Well Head Stick-up: 0.2 (m/ft)
D4 Static Water Level:
D5 Well Yield Estimate: 154 (Lps / gpm)
D6 Final Well Status: Water Supply (in use), Stand by (Back-up), Observation, Not in use, Deepened, Abandoned, Dry, Poor Quality, Insufficient Yield, Artesian conditions
D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? YES
D8 Method Used to Estimate Well Yield: Air Lifting, Bailing, Pumping Test

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/ft), Time (min), Water Level (m/ft). Rows for 0, 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60 minutes.

Bacteria Testing

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken:

Chemical Analysis of Water

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken:

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: CASHWAY WATER
H2 Name of Driller(s):
H3 Address of Driller:
Date Submitted to Dept. Of Environment: Y Y Y Y M M D D

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:

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