W63

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)

UTM 8
499865
6720117

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 [illegible]
4. Please print clearly in blue or [illegible]
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: [redacted] (Company / Department / Organization)

A3 Street Address of Well Location: 30 TARN COURT

A4 Town / Village / Area / Lot #: LOT 49

A5 UTM Coordinates (using handheld GPS): NAD 83 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, shed 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, state appropriate units, use descriptors provided)

EXAMPLE ONLY → brown | SAND | trace gravel, some silt | soft and saturated

B2 From (Depth, m / ft)	B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
0	8	brown	clay		
8	16	grey	gravel		
16	280	bedrock	grey		

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 2014 06 13 (YYYY MM DD)

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

C3 Outside Diameter: 6 "

C4 Casing Material: ☒ Steel ☐ Plastic ☐ Other

C5 Casing Wall Thickness: .219 "

C6 Casing Depth to: 16 '

C7 Other Comments Regarding Casing:

Surface / Environmental Seal

C8 Seal Material Type | C9 Diameter of Seal | C10 Seal Depth from | C11 Seal Depth to | C12 Volume Placed

Gravel Pack

C13 Gravel Pack ☐ NO ☐ YES If yes, indicate: From ___ to ___ Material type

Well Screen Information

C14 Outside Diameter

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			
Screen 2			
Screen 3			

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 ☐ Well Pit (NOT PERMITTED) ☐ None (well not completed)

D3 Well Head Stick-up (above ground surface): 2 ft 6 in

D4 Static Water Level (below top of casing): 16 ft 10 in

D5 Well Yield Estimate: 4 (L/s / gpm)

D6 Final Well Status: ☐ Water Supply (in use) ☐ Stand by (Back-up) ☐ Observation ☐ Not in use ☐ Deepened ☐ Other ☐ Abandoned ☐ Dry

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

PUMPING TEST RECORD AND GROUNDWATER QUALITY

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 (L/s / gpm)

If flowing, provide rate (L/s / gpm)

F1 Well Water Level Drawdown/Recovery DATA

Drawdown Time (min)	Water Level	Recovery Time (min)	Water Level
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 ___ µS

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 [redacted]

H2 Name of Driller(s) [redacted]

H3 Address of Driller [redacted]

Date Submitted to Dept. of Environment (Y Y Y Y M M D D)

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

Water Resources Section, Department of Environment

Personal information contained on this form is collected under the authority of the Act and will be used to update the public database of well and groundwater information. For more information contact the Manager of Hydrology, Water Resources.