

Well ID:

To be assigned by Dept. Of Environment

## WATER WELL DRILLERS FORM

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:**

First Name

Last Name

Company / Department / Organization

A3 Street Address of Well Location: KM 1636 ALASKA HWY

A4 Town / Village / Area / Lot #: LOT 1097-1 HAINES JCT

**A5 UTM Coordinates (using handheld GPS):** NAD 

8	3
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 Zone 

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### Fasting

## Northrup

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

**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)  
brown

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%  
 trace gravel some silt

**MOISTURE:** dry / moist / saturated (wet)  
**HARDNESS:** soft / hard / very hard

[illegible]

**B8 Permafrost Encountered:** ☐ NO ☐ YES

If yes, Indicated depth ( m / ft ): from:  to:

## WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed

**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 unit(s))

C3 Outside Diameter  (cm (in))

**C4 Casing Material**

C5 Casing Wall Thickness  
29 (cm / in)

C6 Casing Depth to: 27 (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) (ft)  
 C10 Seal Depth from: 0 (m) (ft)  
 C11 Seal Depth to: 15 (m) (ft)  
 C12 Volume Placed:          (m<sup>3</sup>) (ft<sup>3</sup>)

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

C13 Gravel Pack: ☐ NO If yes, indicated depth (m) (ft)  
☐ YES from:          to:          Indicate diameter of material:          (mm / in) (ft) Material type:          (i.e. silica)

## Well Screen Information (depth below ground surface, please circle appropriate units)

C14 Outside Diameter: 6 (cm) (in)  
 C15 Screen Material: ☒ Stainless Steel ☐ Continuous Wire Wrap  
☐ Steel ☐ Louver Screen  
☐ Plastic ☐ Perforated  
☐ N/A ☐ Slotted  
☐ Other:          ☐ Open Hole  
 C16 Screen Type:           
 C17 Depth from: 214 (m) (ft)  
 C18 Depth to: 210 (m) (ft)  
 Slot Size / Perforation Dia: 6 Thou. / mm / in (ft)  
 Screen 1: 214 (m) (ft)  
 Screen 2: 210 (m) (ft)  
 Screen 3:          (m) (ft)  
 C19 Screen Comments:         

## WELL DEVELOPMENT AND STATUS

D1 Well Developed by: ☐ Surge Block ☐ Well House  
☐ Water Jetting ☐ Pitless Adaptor (Depth of adaptor:          (m) (ft))  
☒ Air Jetting / Air Lifting ☐ Well Pit (NOT PERMITTED)  
☐ Bailing ☐ None (well not completed)  
☐ 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): 212 (m) (ft)  
 (Use negative if below grade)  
 D5 Well Yield Estimate: 5 (Lps / gph)  
 D6 Final Well Status: ☐ Water Supply (in use) ☐ Not in use ☐ Abandoned ☐ Dry  
☐ Stand by (Back-up) ☐ Deepened ☐ If well was abandoned, please give reason:          ☐ Poor Quality  
☐ Observation ☐ Other:          ☐ 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 ☐ Pumping Test (If test conducted, complete Pumping Test Record)  
☐ Bailing

## 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          minFinal 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:          uSpH:         Temperature:          °C

## Groundwater Type

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

## RECOMMENDATIONS

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

## 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

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	

## 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:                         

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/PA) 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.

## CONSULTANT (if applicable)

1 Company Name:         2 Company Address:         3 Report Reference:         4 Report Date:         

Y Y Y Y M M D D

Signature of Well Owner