

Well ID: Carmacks Grader Station
 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: First Name Yukon Last Name Government Company / Department / Organization _____

A3 Street Address of Well Location: _____

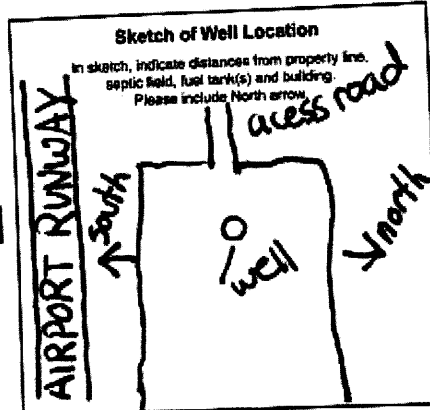
A4 Town / Village / Area / Lot #: _____

A5 UTM Coordinates (using handheld GPS): NAD 8 | 3 Zone _____

136° 11' 20" west 62° 6' 53"
 -Easting Northing

A6 Elevation of Top of Casing: 540 m ASL

A7 Accuracy of GPS: 10 +/- m



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	Depth (m / ft) B3 From B3 To	B4 General Colour (brown, grey, green, black, red, beige, olive, yellowish)	B5 Most Common Materials CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK	B6 Secondary Materials		B7 General Description
				trace gravel	some silt	
	0 10	grey	silt ash	trace gravel	some silt	soft dry
	10 20	grey brown	sand silt gravel	trace gravel	some silt	medium dry
	20 30	grey brown	sand silt gravel	trace gravel	some silt	medium dry
	30 40	grey brown	sand silt gravel	trace gravel	some silt	soft
	40 50	silt grey brown	silty gravel	trace gravel	some silt	medium
	50 60	silt grey brown	silty gravel	trace gravel	some silt	medium
	60 70	silt grey brown	silty gravel	trace gravel	some silt	medium
	70 80	silt grey	silty gravel	trace coarse gravel	some silt	medium
	80 90	silt grey	silty gravel	trace coarse gravel	some silt	medium
	90 96	gravel sand	gravel	coarse gravel	some silt	medium

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

WELL CONSTRUCTION (Continue on Page 2)

Date Well Completed 2019 04 10
 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 6 5/8 (cm) (in)
 C4 Casing Material Steel Plastic Other _____
 C5 Casing Wall Thickness 1/4 (cm) (in)
 C6 Casing Depth to: 96' 7 1/2 (m) (ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: Grout (Bentonite) We. Bentonite
 C9 Diameter of Seal: 10" (cm) (m)
 C10 Seal Depth from: 0 (m) (ft)
 C11 Seal Depth to: 20 (m) (ft)
 C12 Volume Placed: 1m³ (m³) (ft³)

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 / inches) Material type: _____ (i.e. silica)

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

C14 Outside Diameter: 5 1/2 (cm / in) (m)
 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: Screen 1. 96.7" (m / ft) (m)
 Screen 2. _____ (m / ft) (ft)
 Screen 3. _____ (m / ft) (ft)
 C18 Depth to: 13.2 (m / ft) (ft)
 Slot Size / Perforation Dia: _____ 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 PII (NOT PERMITTED) None (well not completed)
 D3 Well Head Stick-up (above ground surface): 4 (m) (ft) (Use negative if below grade)
 D4 Static Water Level (below top of casing): 18.28 (m) (ft) (Use negative if below grade)
 D5 Well Yield Estimate: 25+ (Lps / gpm) (Lps / gpm)
 D6 Final Well Status: Water Supply (in use) Not in use Abandoned Dry Stand by (Back-up) Deepened Other: _____ Poor Quality Insufficient Yield Artesian conditions Observation
 D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? YES NO If YES, Indicate Date: _____
 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

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: _____

 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 (N-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 contained on this form is collected under the authority of the Access to Information and Protection of Privacy (ATIPP) 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