

Well ID:
To be assigned by Dept. Of Environment

y 1208

Well Record Page 1 of 2
**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: 21 LUPIN LANE

A4 Town / Village / Area / Lot #: TAGISH

A5 UTM Coordinates (using handheld GPS): NAD 8 3 Zone
 Easting Northing

A6 Elevation of Top of Casing: m (NASL)

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.

RECEIVED

SEP 25 2020

Property Assessment & Taxation

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, other, 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	
Depth (m) (ft)	SS From	SS To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
0	25	32	BROWN	SAND	GRAVEL	
25	32	100	"	GRAVEL	SAND	
32	100	120	GREY	CLAY		
100	120	138	GREY	CLAY	GRAVEL	
120	138			SAND		

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed
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 (cm / ft)
C4 Casing Material Steel Plastic Other
C5 Casing Wall Thickness .219 (cm / ft)
C6 Casing Depth to: 138 (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)

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

C13 Gravel Pack: NO YES If yes, indicated depth (m)
 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: 2 (cm)
 C15 Screen Material: Stainless Steel Steel Plastic N/A Other _____
 C16 Screen Type: Continuous Wire Wrap Lower Screen Perforated Slotted Open Hole
 C17 Depth from: 33 (m)
 C18 Depth to: 138 (m)
 Slot Size / Perforation Dia: 10 Thou / mm / inches
 Screen 1: 33 (m)
 Screen 2: 138 (m)
 Screen 3: _____ (m)
 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: 0 (m)
 D3 Well Head Stick-up (above ground surface): 2 (m)
 D4 Static Water Level (below top of casing): 76 (m)
 D5 Well Yield Estimate: 30 (Lps / gph)
 D6 Final Well Status: Water Supply (in use) Stand by (Back-up) Observation Not in use Deepened Other: _____
 D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? YES NO
 D8 Method Used to Estimate Well Yield: Air Lifting Bailing Pumping Test (if test conducted, complete Pumping Test Record)
 If YES, indicate Date: _____
 Y Y Y Y M M D D

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)

Pump Intake Set at: _____ (m)

Duration of pumping: _____ hrs _____ min

Final Water Level (FWL) at end of Pumping Test: _____ (m)

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)
 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

Time (min)	Drawdown		Recovery	
	Water Level (m / ft)	Time (min)	Water Level (m / ft)	Time (min)
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: _____
 H2 Name: _____
 H3 Address: _____

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 (V-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 (ATIPPA) 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