



Government
Department of Environment
Water Resources Section V-310
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon Y1A 2C8

41216

**WATER WELL
DRILLERS FORM**

Well ID: To be assigned by Dept. Of Environment

Metric Imperial

INSTRUCTIONS FOR COMPLETING THE FORM

- Additional information is provided at the bottom of this form on page 2.
- Question can be directed to Water Resources at 867 667-3171
- All well construction measurements shall be reported to 0.1 m or 0.3 ft.
- Please print clearly in blue or black ink.
- Completion and submission of this form is the responsibility of the drilling contractor
- 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:

A4 Town / Village / Area / Lot #:

A5 UTM Coordinates (using handheld GPS): NAD Zone

Easting Northing

A6 Elevation of Top of Casing: m ASL

A7 Accuracy of GPS: +/- m

Sketch of Well Location
In sketch, indicate distances from property line, septic field, fuel tank(s) 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, circle appropriate units, use descriptors provided)

Depth (m)	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
0	BROWN	CLAY	GRAVEL	
35	GREY	SAND		
50	"	GRAVEL/CLAY	BOULDERS	
100	"	CLAY		
140	"	GRAVEL	CLAY	
154	BROWN	CLAY		
160	"	"	GRAVEL	
180	"	GRAVEL		

B8 Permafrost Encountered: NO YES If yes, indicated depth (m) 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

C3 Outside Diameter: (cm)

C4 Casing Material: Steel Plastic Other

C5 Casing Wall Thickness: (cm)

C6 Casing Depth to: (m)

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) (m)
 C10 Seal Depth from: 0 (m) (ft)
 C11 Seal Depth to: 15 (m) (ft)
 C12 Volume Placed: _____ (m³) (ft³)

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

C13 Gravel Pack: NO 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: 10 (cm) (in)
 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: _____ (m) (ft) C18 Depth to: 15 (m) (ft)
 Slot Size / Perforation Dia: 10 Thou / mm / inches
 Screen 1: _____ (m) (ft) Screen 2: _____ (m) (ft) Screen 3: _____ (m) (ft)
 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 install: 0 (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): 30 (m) (ft) (Use negative if below grade)
 D5 Well Yield Estimate: 20 (Lps) (gph)
 D6 Final Well Status: Water Supply (in use) Stand by (Back-up) Observation Not in use Deepened Other: _____
 Abandoned (if well was abandoned, please give reason: _____) Dry Poor Quality Insufficient Yield Artesian conditions
 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)
 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) (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 / gph)
 If flowing, provide rate: _____ (Lps / gph)

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
 Groundwater Type: Salty Sulphur / Egg Odour Organic Taste / Odour Metallic Taste Other: _____

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:

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: _____
 H2 Name: _____
 H3 Address: _____

 Signature of Primary Owner
 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:
 Water Resources Section (V-310), Department of Environment, Government of Yukon Box 2703, Whitehorse, Yukon Canada Y1A 2C8
 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 (ATIP) 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