

Y 354

Yukon

Yukon Department
Water Well Drilling
1000-1000-1000
1000-1000-1000

WFD# [redacted]
WATER WELL DRILLING INFORMATION

WATER WELL DRILLERS FORM

Scale Imperial Metric

INSTRUCTIONS FOR COMPLETING THE FORM

- 1. ADDRESS OF WELL DRILLER TO BE PRINTED AT THE BOTTOM OF THIS FORM.
- 2. PRINT NAME OF WELL DRILLER AT THE BOTTOM OF THIS FORM.
- 3. ALL WELL DRILLERS MUST BE LICENSED BY THE YUKON DEPARTMENT.
- 4. PRINT ANY OTHER NOTES SUBJECT TO.
- 5. DRILLER AND SUBMITTER MUST SIGN AT THE BOTTOM OF THE DRILLING CONTRACT.
- 6. PRINT DRILLER'S NAME AT THE BOTTOM OF THIS FORM.

WELL LOCATION AND OWNERS INFORMATION

At Well Name: [redacted] District: [redacted]

AS OWNERS: [redacted]

AS NEAREST ADDRESS OF WELL LOCATION: 3 3/4 miles south

AS TOWN/VILLAGE (AREA): 3 3/4 miles south

AS UTM COORDINATES (USING NORTH AMERICAN): 18T Zone 55

9C 20 25 6 702 000

AS ELEVATION OF TOP OF CASING: 2030 - ft

AS DEPTH OF WELL: 6 - ft

- AS PURPOSE OF WELL:
- Domestic Irrigation Industrial Geotechnical (Drill)
 - Commercial Mining Geotechnical (Other) Other (specify):
 - Research Agriculture Public (specify):



WELL CONSTRUCTION AND RECORDS

DEPTH (ft)	DIAMETER (in)	SOIL TYPE	WATER LEVEL (ft)	REMARKS
0	4	Gravel	10	
1	4	Gravel	10	
2	4	Gravel	10	
3	4	Gravel	10	
4	4	Gravel	10	
5	4	Gravel	10	
6	4	Gravel	10	
7	4	Gravel	10	
8	4	Gravel	10	
9	4	Gravel	10	
10	4	Gravel	10	
11	4	Gravel	10	
12	4	Gravel	10	
13	4	Gravel	10	
14	4	Gravel	10	
15	4	Gravel	10	
16	4	Gravel	10	
17	4	Gravel	10	
18	4	Gravel	10	
19	4	Gravel	10	
20	4	Gravel	10	

AS PERMITS REQUIRED: YES NO

WELL CONSTRUCTION CONTRACT NO: [redacted]

AS DRILLING METHOD: Reverse Circulation Auger Other (specify):

AS DRILLER'S NAME: [redacted] AS SUBMITTER'S NAME: [redacted]

AS DRILLER'S ADDRESS: [redacted] AS SUBMITTER'S ADDRESS: [redacted]

Surface / Environmental Seal (Mark labor permit number, show date appropriate)

C1 Seal Material Type: [Blank] C2 Diameter of Seal: [Blank] C3 Seal Depth from: [Blank] C4 Seal Depth to: [Blank] C5 Volume of Seal: [Blank]

Dravel Pack (Mark labor permit number, show date appropriate)

D1 Gravel Pack: YES/NO D2 Sand/Gravel Ratio: [Blank] D3 Material: [Blank] D4 Other: [Blank]

Well Screen Information (Mark labor permit number, show date appropriate) C7 Screen Type: [Blank] C8 Screen Material: [Blank] C9 Screen Diameter: [Blank] C10 Screen Length: [Blank] C11 Screen Depth: [Blank] C12 Screen Volume: [Blank]

WELL DEVELOPMENT AND STATUS

D5 Well Developed by: [Blank] D6 Final Completion: [Blank] D7 Well Head: [Blank] D8 Static Water Level: [Blank] D9 Well Yield: [Blank] D10 Well Abandonment Status: [Blank] D11 Well Head to Ground: [Blank]

PUMPING TEST RECORD AND GROUNDWATER QUALITY

(Mark labor permit number, show date appropriate)

Pumping Test Information

Pumping Test Date: [Blank] Well Head Location: [Blank] Pumping Rate: [Blank] Duration: [Blank] Head: [Blank]

RECOMMENDATIONS

Final Recommendation: [Blank] Other Comments: [Blank]

Static Water Level Recovery Data

Table with columns: Time (min), Recovery (%) at 10 min, Recovery (%) at 30 min, Recovery (%) at 60 min, Recovery (%) at 90 min. Rows 1-10.

GROUNDWATER QUALITY

Well Date: [Blank] Well Monitoring Station: [Blank] Director/Contractor: [Blank]

Turbidity/Total Solids: [Blank] Other: [Blank]

Wellhead Type: [Blank] Other: [Blank]

Well Installation: YES/NO [Blank] Other: [Blank]

Records Testing

Water sample taken: YES/NO [Blank] Date Sample Taken: [Blank]

Chemical Analysis of Water

Water analyzed: YES/NO [Blank] Date Sample Taken: [Blank]

WELL CONTRACTOR

Contractor Name: [Blank] Address: [Blank] City: [Blank] State: [Blank] Zip: [Blank]

CONSULTANT (if applicable)

Consultant Name: [Blank] Address: [Blank] City: [Blank] State: [Blank] Zip: [Blank]

ADDITIONAL COMMENTS

Additional Comments: [Blank]

Signature of Well Owner: [Blank]