

Y/349

Well ID:
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 867 687-3171.
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: XXXXXXXXXX

A3 Street Address of Well Location: KM 202.5 K50-100E N41W

A4 Town / Village / Area / Lot #: 01 154-2

A5 UTM Coordinates (using handheld GPS): NAD 813 Zone 18

Easting: Northing:

A6 Elevation of Top of Casing: m / R ASL

A7 Accuracy of GPS: +/- m / ft

A8 Purpose of Wells

- | | | | |
|-------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Test Well | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Environmental (Quality) |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Municipal | <input type="checkbox"/> Observation - Water Level | <input type="checkbox"/> Other (please specify use) |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Public/Recreational | |

Sketch of Well Location
In sketch, indicate distances from property line, septic field, fuel tank(s) and building. Please include North arrow.

LOG OF OVERBURDEN AND BEDROCK MATERIALS (All depths are below ground surface, circle appropriate units, use descriptors provided)

EXAMPLE ONLY →

DEPTH (m)	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
0 - 10	black	CLAY SILT SAND GRAVEL, COBBLES, Boulders, BEDROCK		
10 - 15	grey			
15 - 20	grey		clay	
20 - 30	grey			

MOISTURE: dry, moist, saturated (wet)

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 21 7 08 21
Y Y Y Y M M D D

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 Casing Diameter: 150 (cm) (in)
C4 Casing Material: Steel Plastic Other
C5 Casing Wall Thickness: 1.27 (cm) (in)
C6 Casing Depth to: 160 (m) (ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: C9 Diameter of Seal: C10 Seal Depth from: C11 Seal Depth to: C12 Volume of Seal

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

C13 Gravel Pack: NO YES If yes, indicated depth (m / ft) front: to: Indicate diameter of material: (mm / inches) Material type: (L.s. size)

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

C14 Outside Diameter: C15 Screen Material: C16 Screen Type: C17 Depth from: C18 Depth to: Slot Size / Perforation Dia: C19 Screen Comments:

WELL DEVELOPMENT AND STATUS

D1 Well Head Completion: D2 Well Head Completion: D3 Well Head Stick-up: D4 Static Water Level: D5 Well Yield Estimate: D6 Final Well Status: D7 Well Abandonment Status: D8 Method Used to Estimate Well Yield

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)

G1 GROUNDWATER QUALITY

Field Data

Date of Measurement: 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 / ft) Recomm. Pumping Rate: (Lps / gpm) If flowing, provide rate: (Lps / gpm)

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

Table with columns: Time (min), Water Level (m / ft), Time (min), Water Level (m / ft). Rows for 0 (SWL) and 0 (FWL) at 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60 minutes.

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 H2 H3

CONSULTANT (if applicable)

I1 Company Name: I2 Company Address: I3 Report Reference: I4 Report Date:

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) 661-0406, local 3171 Fax: (867) 667-3195 E-mail: WaterResources@gwyk.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 (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 1-800-661-0406 Ext 3223

I have read the above clause and agree to the collection of personal information.

Signature of Well Owner