Y943

Yukon Government
Department of Environment
Water Resources Section V-310
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon Y1A 2C6

Well ID ______
To be assigned by Dept. Of Environment

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. Questions can be directed to Water Resources at 867 667-3171
3. All well construction measurements shall be recorded 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 #2)

A2 Drilled For: First Name [redacted] Company, Department or Individual

A3 Street Address of Well Location: Lot 1573 Quad 105D/14 Plan 2017-0006

A4 Town / Village / Area / Lot #

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

Easting ______ Northing ______

A6 Elevation of Top of Casing: ______ m / ft ASL

A7 Accuracy of GPS ______ +/- m / ft

Sketch of Well Location
In sketch, indicate distances from property line, septic field, fuel tanks, and dwelling. Please include North arrow.

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. Fill in applicable units. Use descriptors provided.

EXAMPLE ONLY → brown | SAND | trace gravel some silt | soft and saturated

Depth from	Depth to	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
0	70	grey brn.	Sand		
70	140	grey	Clay		
140	150	grey	gravel		
150	205	grey	gravel /	clay	
205	240	black	bedrock		

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

WELL CONSTRUCTION *(Continues on Page 2)*

Date Well Completed: 20180707 (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 geologic material is the water producing zone located?
☐ OVERBURDEN ☒ BEDROCK

Casing

C3 Outside Diameter: 6 in / mm

C4 Casing Material: ☒ Steel ☐ Plastic ☐ Other ______

C5 Casing Wall Thickness: .219 in / mm

C6 Casing Depth to: 205 ft / m

C7 Other Comments Regarding Casing:

WELL CONSTRUCTION (continued) — Well Record Page 2 of 2

Surface / Environmental Seal

C8 Seal Material Type: Bentonite
C9 Diameter of Seal: 10
C10 Seal Depth from: 0 ft
C11 Seal Depth to: 15 ft
C12 Volume Placed:

Gravel Pack

C13 Gravel Pack ☐ NO ☐ YES — If yes, indicated depth in ft: from ___ to ___; indicate diameter of hole in ___ mm (inches); Material (e.g. silica) ___

Well Screen Information

C14 Outside Diameter: ___
C15 Screen Material: ☐ Stainless steel ☐ Steel ☐ Plastic ☐ N/A ☐ Other ___
C16 Screen Type: ☐ Continuous Wire Wrap ☐ Louvre Screen ☐ Perforated ☐ Slotted ☐ Open Hole

	C17 Depth from	C18 Depth to	Slot Size / Perforation Dia
Screen 1			
Screen 2			
Screen 3			

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 in m / ft) ☐ Well Pit (NOT PERMITTED) ☐ None (well not completed)

D3 Well Head Stick-up (above ground surface): 2 ft (Use negative if below grade)

D4 Static Water Level (below top of casing): 125 ft (Use negative if below grade)

D5 Well Yield Estimate: 8 (Lps / gpm — gpm circled)

D6 Final Well Status: ☐ Water Supply (in use) ☐ Stand-by (Back-up) ☐ Observation ☐ Not in use ☐ Deepened ☐ Other ___ ☐ Abandoned ☐ ...

D7 Well Abandonment Status: Was the well properly decommissioned with bentonite grout? ☐ YES ☐ NO — If YES, Indicate Date: ___ (Y Y Y Y M M D D)

D8 Method Used to Estimate Well Yield: ☐ Air Lifting ☐ Bailing ☐ Pumping Test

PUMPING TEST RECORD AND GROUNDWATER QUALITY

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: ___

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 Time (min)	Water Level	Recovery Time (min)	Water Level
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 CON[redacted]

H1 Name of Co[redacted]
H2 Name of Dr[redacted]
H3 Address of [redacted]

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 the report please mail or fax to:

Water Resources Section, Department of Environment, Government of Yukon, Box 2703, Whitehorse, Yukon, Canada Y1A 2C6