

Well ID: To be assigned



INSTRUCTIONS FOR COMPLETING THE FORM

1. Additional information is provided at the bottom of this form.
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. The completion of this form is the responsibility of the well driller.
5. 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: lot #35 Ravens Ridge Sub Division

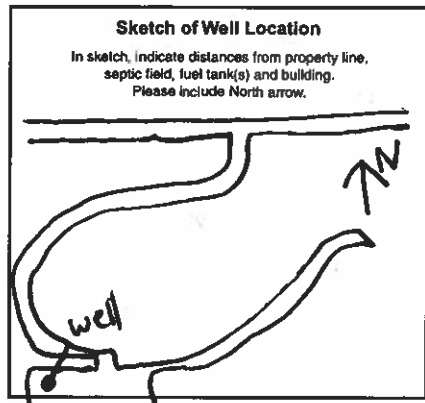
A4 Town / Village / Area / Lot #: 35

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

60° 44.370 Easting 135° 08.226 Northing
North West

A6 Elevation of Top of Casing: 2578 m (ft) ASL

A7 Accuracy of GPS: 10 m (ft)



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)

EXAMPLE ONLY		(brown, grey, green, black, redish, beige, olive, 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 (well) HARDNESS: soft / hard / very hard	
		brown	SAND	trace gravel some silt	soft and saturated	
Depth (m / ft)	B2 From	B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
	0	9	Brown	Silt gravel	sand gravel	dry soft
	9	14	grey	Bedrock	none	hard
	14	500	grey	Bedrock	none	hard / soft
				fracture @	448'	

Note, these 2019 wells came by mail. Be aware they may also show up with next springs taxonomic batch.

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed 2019/07/11
Y Y Y Y M M D D

Example: 2005 01 31

C1 Drilling Method Air Rotary (Conventional) Mud Rotary Reverse Air Rotary Auger (Hollow / Solid Stem) Cable Tool Other (please specify)

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 6.500 (cm / in)
C4 Casing Material Steel Plastic Other
C5 Casing Wall Thickness 1/4 (cm)
C6 Casing Depth to: 14 (m / ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: Grout (i.e. Bentonite)
 C9 Diameter of Seal: 10 (cm/in)
 C10 Seal Depth from: 0 (m/ft)
 C11 Seal Depth to: 14 (m/ft)
 C12 Volume Placed: 0.5 (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 (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: (m / ft) Slot Size / Perforation Dia: Thou. / mm / inches
 Screen 1: (m / ft) (m / ft) Thou. / mm / inches
 Screen 2: (m / ft) (m / ft) Thou. / mm / inches
 Screen 3: (m / ft) (m / ft) Thou. / mm / inches
 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: (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): (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate: 2 gpm (Lps / gpm)
 D6 Final Well Status: Water Supply (in use) Not in use Abandoned Dry Stand by (Back-up) Deepened Other: If well was abandoned, please give reason: 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)

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 / gpm)
 If flowing, provide rate: (Lps / gpm)

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

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 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

Date Submitted to Dept. Of Environment

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 (ATIP/PA) 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