

41302

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)

EXAMPLE ONLY		(brown, gray, 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 (wet) 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
C	30	Brown	Sand	Silt	
30	35	Grey	Sand	"	
35	75	"	Clay	"	
75	80	Brown	Sand	"	
80	98	"	Coarse sand		

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed
Y Y Y Y M M D D

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

Casing (depth below ground surface, please circle appropriate units)
C3 Outside Diameter (cm / ft) Steel Plastic Other

C4 Casing Material Steel Plastic Other

C5 Casing Wall Thickness (cm / ft)

C6 Casing Depth to: (m / ft)

C7 Other Comments Regarding Casing:

WELL CONSTRUCTION (Continued from Page 1)

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

C8 Seal Material Type: Bentonite
 (i.e. Bentonite)

C9 Diameter of Seal: 10 (m) (ft)

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 If yes, indicated depth (m) (ft): _____
 YES 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: 6 (cm) (ft)

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: 14 (m) (ft)

C18 Depth to: 15 (m) (ft)

Slot Size / Perforation Dia: 15 (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 adaptor: 6 (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): 25 (m) (ft) (Use negative if below grade)

D5 Well Yield Estimate: 30 (Lps) (gpm)

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

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

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: _____

WELL CONTRACTOR

H1 Name of Contractor: _____
 H2 Name of Contractor: _____
 H3 Address: _____

 Signature of Primary Driller: _____
 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 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
 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 (ATIPPA) 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: _____