

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 867 667-3171
- 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)

First Name

Last Name

Company / Department / Organization

A2 Drilled For:

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 @

A8 Purpose of Wells

- Domestic Test Well Irrigation Environmental (Quality)
- Commercial Municipal Observation - Water Level Other (please identify use)
- Industrial Agricultural 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) <input checked="" type="radio"/>	B3 From	B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials		B7 General Description
					trace gravel	some silt	
	0	290	Grey	Clay Gravel			
	290	315			Water		

B6 Permafrost Encountered: NO YES If yes, indicated depth (m) 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) (m)
C4 Casing Material Steel Plastic Other
C5 Casing Wall Thickness (cm) (m)
C6 Casing Depth to: (m)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: Bentonite
C9 Diameter of Seal: 10 (cm)
C10 Seal Depth from: 0 (m)
C11 Seal Depth to: 15 (m)
C12 Volume Placed: (m³)

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

C13 Gravel Pack: YES
Indicated depth (m): from 0 to 0
Material type: (mm / inches)
Material type: (i.e. silica)

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

C14 Outside Diameter: 0 (cm)
C15 Screen Material: Stainless Steel
C16 Screen Type: Continuous Wire Wrap
C17 Depth from: 516 (m)
C18 Depth to: 520 (m)
Slot Size / Perforation Dis: 15 Thou. / mm / inches

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Water Jetting
D2 Well Head Completion: Well House
D3 Well Head Stick-up: 2 (m)
D4 Static Water Level: 150 (m)
D5 Well Yield Estimate: 12 (Lps / gph)
D6 Final Well Status: Water Supply (in use)
D7 Well Abandonment Status: YES
D8 Method Used to Estimate Well Yield: Pumping Test

PUMPING TEST RECORD AND GROUNDWATER QUALITY

(All depths below ground, circle appropriate units)

E1 Pumping Test Information

Pumping Test Start Date: YYYYMMDD

Static Water Level (SWL): (m)

Pump Intake Set at: (m)

Duration of pumping: hrs min

Final Water Level (FWL) at end of Pumping Test: (m)

G1 GROUNDWATER QUALITY

Field Data Date Measurements Taken: YYYYMMDD

Electrical Conductivity: uS
pH:
Temperature: °C

Groundwater Type

Salty
Sulphur / Egg Odour
Organic Taste / Odour
Metallic Taste
Other:

RECOMMENDATIONS

Recomm. Pump Depth: (m)
Recomm. Pumping Rate: (Lps / gph)
If flowing, provide rate: (Lps / gph)

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 4 columns: Time (min), Water Level (m / ft), Time (min), Water Level (m / ft). Rows for Drawdown (D) and Recovery (R) at various depths.

Bacteria Testing

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken: YYYYMMDD

Chemical Analysis of Water

Was a sample taken? YES NO If yes, indicate the name of the laboratory.

Date Sample Taken: YYYYMMDD

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company:
H2 Name of Driller(s):
H3 Address of Driller:
Signature of Primary Driller

CONSULTANT (if applicable)

I1 Company Name:
I2 Company Address:
I3 Report Reference:
I4 Report Date:
Signature of Well Owner

ADDITIONAL INSTRUCTIONS

Upon completing this form, please mail or fax it to

Please feel free to contact us at Phone: (867) 667-3171 Fax: (867) 667-3195

Water Resources Section (W-310) Department of Environment, Government of Yukon Box 2700 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 (ATIP/PI) Act Section 29 (c) and will be used to sample a public database of well and ground water information.

I have read the above clause and understand the purpose for collection of personal information