W95

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. 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)

A2 Drilled For: First Name [redacted] Last Name [redacted] Company / Department / Organization

A3 Street Address of Well Location: 162 North Klondike Hwy

A4 Town / Village / Area / Lot #: Whitehorse Lot 319-B-2-1

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 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 →

B2 Depth From (m / ft)	B3 Depth To (m / ft)	B4 General Colour *(brown, grey, green, black, reddish, beige, olive, yellowish)*	B5 Most Common Material *CLAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK*	B6 Secondary Materials *"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%*	B7 General Description *MOISTURE: dry / moist / saturated (wet); HARDNESS: soft / hard / very hard*
brown			*SAND*	*trace gravel, some silt*	*soft and saturated*
0	7		Clay		
7	10		Sand		
70	100		Sand	Clay/water	
100	300		clay		
300	310		Sand	water	
310	320		Gravel	sand/water	

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

WELL CONSTRUCTION *(Continues on Page 2)*

Date Well Completed: 2022 07 (Y Y Y Y M M D D) *Example: 2005 01 31*

C1 Drilling Method: ☒ Air Rotary (Conventional) ☐ Reverse Air Rotary ☐ Mud Rotary ☐ Dug ☐ Cable Tool ☐ Auger (Hollow / Solid Stem) ☐ 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 (cm / in)

C4 Casing Material: ☒ Steel ☐ Plastic ☐ Other _____

C5 Casing Wall Thickness: .219 (cm / in)

C6 Casing Depth to: 32.0 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 (cm / in)
C10 Seal Depth from: 0 (m / ft)
C11 Seal Depth to: 15 (m / ft)
C12 Volume Placed: [redacted] (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: 6 (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:	C18 Depth to:	Slot Size / Perforation Dia:
Screen 1.	316 (m / ft)	320 (m / ft)	20 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

Daday 2 hrs.

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* 0 (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)*: 30 (m / ft) *(Use negative if below grade)*
D5 Well Yield Estimate: 12 (Lps / gpm)

D6 Final Well Status: ☑ Water Supply (in use) ☐ Stand by (Back-up) ☐ Observation ☐ Not in use ☐ Deepened ☐ Other: ____ ☐ Abandoned *If well was abandoned, please give reason* ☐ 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: ____ Y Y Y Y M M D D
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 Time (min)	Drawdown Water Level (m / ft)	Recovery Time (min)	Recovery 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

Groundwater Type: ☐ Salty ☐ Sulphur / Egg Odour ☐ Organic Taste / Odour ☐ Metallic Taste ☐ Other. ____

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: ____

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 of Contractor / Drilling Company: [redacted]
H2 Name of Driller(s): [redacted]
H3 Address of Driller: [redacted]

Signature of Primary Driller
Date Submitted to Dept. Of Environment: Y Y Y Y M M D D

CONSULTANT *(If applicable)*

I 1 Company Name: ____
I 2 Company Address: ____
I 3 Report Reference: ____
I 4 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

Please feel free to contact us at
Phone (867) 667-3171 Toll free (in Yukon) 1 (800) 661-0408 ext 3171
Fax (867) 667-3195 Email 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 (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 1-800-661-0408 Ext 3223

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

Signature of Well Owner