

## WATER WELL DRILLERS FORM

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)

A2 Drilled For

A3 Street Address of Well Location:

A4 Town / Village / Area / Lot #:

A5 UTM Coordinates (using handheld GPS): NAD  |  Zone

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  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, 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 (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
	0	15	GREY	TILL		
	15	43	GREY	TILL	PERMAFROST	TO 25 FT
	43	56	GREEN	SANDS	COARSE GRAVEL	
	56	73	BRN	TILL		
	73	247.8	WHITE	BEDROCK		

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

### C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: BENTONITE (i.e. Bentonite)  
 C9 Diameter of Seal: 4 (cm/in)  
 C10 Seal Depth from: 0 (m/ft)  
 C11 Seal Depth to: 30 (m/ft)  
 C12 Volume Placed: \_\_\_\_\_ (m<sup>3</sup>/ft<sup>3</sup>)

**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 (cm/in): 3  
 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: Screen 1. 51 (m/ft) Screen 2. \_\_\_\_\_ (m/ft) Screen 3. \_\_\_\_\_ (m/ft)  
 C18 Depth to: 35 (m/ft) \_\_\_\_\_ (m/ft) \_\_\_\_\_ (m/ft)  
 Slot Size / Perforation Dia: 100 (Thou./mm/inches) \_\_\_\_\_ (Thou./mm/inches) \_\_\_\_\_ (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  Pileless 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): 15 (m/ft) (Use negative if below grade)  
 D5 Well Yield Estimate: 20 (Lps/gpm)  
 D6 Final Well Status:  Water Supply (in use)  Not in use  Stand by (Back-up)  Observation  Abandoned  Dry  Poor Quality  Insufficient Yield  Artesian conditions  
 If well was abandoned, please give reason: \_\_\_\_\_  
 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)

**A1 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

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: \_\_\_\_\_

Chemical Analysis of Water  
 Was a sample taken?  YES  NO If yes, indicate the name of the laboratory.  
 Date Sample Taken: \_\_\_\_\_

**Clear Form** **Print Form**

**WELL CONTRACTOR**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONSULTANT (if applicable)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 2C8  
 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