



Department of Environment
Water Resources Section
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon, Y1A 2C6

WATER WELL DRILLERS FORM

Well Record Page 1 of 2

Well ID:
To be assigned by Dept. Of Environment

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: Telf Boyd

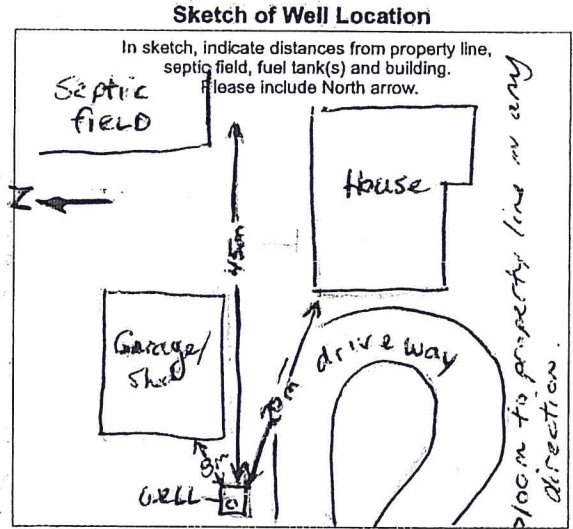
First Name Last Name Company / Department / Organization

A3 Street Address of Well Location: Lot 1018 - i Shallow Bay Rd

A4 Town / Village / Area / Lot #: Yukon

A5 UTM Coordinates (using handheld GPS): NAD 8 3 Zone 08

4	9	3	2	8	4	6	7	5	0	2	1
Easting						Northing					



A6 Elevation of Top of Casing: m / ft ASL

A7 Accuracy of GPS: 7 +/- (m) / ft

A8 Purpose of Wells

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Test Well	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Environmental (Quality)
<input type="checkbox"/> Commercial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Observation - Water Level	<input type="checkbox"/> Other (please identify use)
<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Public/Recreational	

LOG OF OVERBURDEN AND BEDROCK MATERIALS (All depths are below ground surface, circle appropriate units, use descriptors provided)

Depth (m / ft)		B4 General Colour	B5 Most Common Material	B6 Secondary Materials		B7 General Description
B2 From	B3 To			trace gravel	some silt	
0	30	Brown	Sand	Clay		Wet
30	44	Grey	Sand	Clay		Wet
44	49	Grey	Sand	Clay		Wet
49	65	Grey	Clay			Wet
65	117	Grey	Clay			Wet
117	165	Greenish Grey	Clay			Slimey
165	212	Grey	Clay			Slimey
212	237	Grey	Clay	Gravel		Hard
237	243	Clay				Water
243	260	Gravel	Glacial Till			Hard
260	265	Grey	SILTY SAND			Water

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 24/1/05 Example: 31 01 2005

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

C2 Well Type: OVERBURDEN BEDROCK

In what geological material is the water producing zone located?

Casing (depth below ground surface, please circle appropriate units)

C3 Outside Diameter: 6.625 (cm / in)

C4 Casing Material: Steel Plastic Other

C5 Casing Wall Thickness: 788 (cm / in)

C6 Casing Depth to: 260 (m / ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: Clay (i.e. Bentonite)
 C9 Diameter of Seal: 10 (mm / in)
 C10 Seal Depth from: 0 (m / ft)
 C11 Seal Depth to: 20 (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: 5 (mm / 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: 10 slot

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): 12.6 (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate: 5 (Lps / gpm)
 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: 30/10/05
 Static Water Level (SWL): 6 (m / ft)
 Pump Intake Set at: 250 (m / ft)
 Duration of pumping: _____ hrs _____ min 4 Months
 Final Water Level (FWL) at end of Pumping Test: 260 (m / ft)

RECOMMENDATIONS

Recomm. Pump Depth: 250 (m / ft)
 Recomm. Pumping Rate: 3 (Lps / gpm)
 If flowing, provide rate: 0 (Lps / gpm)

F1 Well Water Level Drawdown/Recovery DATA

Time (min)	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: 21/10/06
 Electrical Conductivity: _____ uS
 pH: 8.1
 Temperature: 3 °C

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:
Chlorine ~ 8 litres

Bacteria Testing

Was a sample taken? YES NO
 Date Sample Taken: 21/10/06
 If yes, indicate the name of the laboratory:
Yukon Health

Chemical Analysis of Water

Was a sample taken? YES NO
 Date Sample Taken: _____
 If yes, indicate the name of the laboratory:

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: 13634 Yukon Ex
 H2 Name of Driller(s): Regal Poove
 H3 Address of Driller: Box 10141 Whitehorse YT Y1A 7M
 Signature of Primary Driller: [Signature]
 Date Submitted to Dept. Of Environment: 16/10/06

CONSULTANT (If applicable)

I-1 Company Name: _____
 I-2 Company Address: _____
 I-3 Report Reference: _____
 I-4 Report Date: _____

ADDITIONAL INSTRUCTIONS

Upon completing this form

Water Resources Section (V-310), Department

Please feel free to contact us at:

Phone: (867) 887-2474; Toll free: 1-800-393-1111