

WATER WELL DRILLERS FORM

105M12

Well ID: **213120024**

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 **Adam** Last Name **WENCH** Company / Department / Organization _____

A3 Street Address of Well Location: **Silver Trail Hwy**

A4 Town / Village / Area / Lot #: **Lot 1061**

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

458 285 Easting **7063 957** Northing

A6 Elevation of Top of Casing: _____ m / ft ASL

A7 Accuracy of GPS: _____ +/- m / ft

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		(brown, grey, green, black, reddish, 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	
Depth (m / ft)	B2 From	B3 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description
	0	29	grey/brown	Gravel	and SAND	dry -
	29	42	grey	brnd	and SAND	
	42	107	black/black	Gravel	and Clay	
	107	107		Gravel		Saturated
	107	112		- gravel -		"
			* 24" boulder @	64'		

Depth 16"

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed **20141022**
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 **6.6** (cm / in)
C4 Casing Material Steel Plastic Other _____
C5 Casing Wall Thickness _____ (cm / in)
C6 Casing Depth to: **109** (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: _____ (cm / in)

C10 Seal Depth from: _____ (m / ft)

C11 Seal Depth to: _____ (m / ft)

C12 Volume Placed: _____ (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 (cm / in): 8

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: 17.8 (m / ft)

C18 Depth to: 17.2 (m / ft)

Slot Size / Perforation Dia: 25 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: _____

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): 2-4 (m / ft) (Use negative if below grade)

D4 Static Water Level (below top of casing): 1.2 (m / ft) (Use negative if below grade)

D5 Well Yield Estimate: 4.5 (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)

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: _____

RECOMMENDATIONS

Recomm. Pump Depth: _____ (m / ft)

Recomm. Pumping Rate: _____ (Lps / gpm)

If flowing, provide rate: _____ (Lps / gpm)

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

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	

Bacteria Testing

Was a sample taken? YES NO
 Date Sample Taken: _____
 Y Y Y Y M M D D

Chemical Analysis of Water

Was a sample taken? YES NO
 Date Sample Taken: _____
 Y Y Y Y M M D D

Clear Form Print Form

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: CATHWAY WATER

H2 Name of Driller(s): Grant Booth

H3 Address of Driller: 1018 Capra Rd Whitehorse YT

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, 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) 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