

W-14

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:

Company / Department / Organization

A3 Street Address of Well Location: Mile 1.4 Squatters Rd

A4 Town / Village / Area / Lot #: Lot 1098

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

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.

105 D 11
8V
497067
6725752
+100300

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

EXAMPLE ONLY

Depth (m / ft)		(brown, gray, 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
B2 From	B3 To	brown	SAND	trace gravel some silt	soft and saturated
B4 General Colour	B5 Most Common Material	B6 Secondary Materials	B7 General Description		
0	41	Brown	Gravel/Cobbles	+ SAND	
41	54	Brown	Silt		
54	66	Brown	Gravel	+ sand	Moist
66	78	Brown	Clay		
78	81	Grey	Boulder		
81	83	Grey/white/brown	Clay		
83	91	Grey/Brown	Gravel/Cobbles	+ trace silt	Saturated

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed 2015 10 01

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 6.5 (cm / in)

C4 Casing Material Steel Plastic Other

C5 Casing Wall Thickness 2.14 (cm / in)

C6 Casing Depth to: 91 (m / ft)

C7 Other Comments Regarding Casing:

36" exposure
12" depth

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: _____ (m/ft)
 C11 Seal Depth to: _____ (m/ft)
 C12 Volume Placed: 200 (m³/m³) 165

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: 4.5 (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: _____ (m/ft) C18 Depth to: 91.5 (m/ft) Slot Size / Perforation Dia: 25 Thou. / mm / inches
 Screen 1: _____ (m/ft) _____ (m/ft) _____ (m/ft) Thou. / mm / inches
 Screen 2: _____ (m/ft) _____ (m/ft) _____ (m/ft) Thou. / mm / inches
 Screen 3: _____ (m/ft) _____ (m/ft) _____ (m/ft) Thou. / mm / inches
 C19 Screen Comments: 31.5 ft screen

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): 20 (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 (Lps / gpm): 30
 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: _____
 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)

G1 GROUNDWATER QUALITY

Field Data
 Dete 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 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

Clear Form **Print Form**

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: CATIMAWAT WATER
 H2 Name of Driller(s): Robert Rook
 H3 Address of Driller: Whitehorse, YT
 Signature of Primary Driller: _____
 Y Y Y Y M M D D
 Date Submitted to Dept. Of Environment

CONSULTANT (if applicable)

I1 Company Name: _____
 I2 Company Address: _____
 I3 Report Reference: _____
 I4 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) 661-0406, 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: _____