

Y 349

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: First Name Last Name Company / Department / Organization

A3 Street Address of Well Location: KM 202.5 Klondike North

A4 Town / Village / Area / Lot #: Lot 1519-2

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)

Depth (m / ft)	B4 General Colour	B5 Most Common Material	B6 Secondary Materials		B7 General Description
			trace gravel	some silt	
0 - 80	brown	Sand			
60 - 140	grey	clay			
140 - 150	grey	gravel		clay	
150 - 320	grey	bedrock			

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

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 2 0 1 7 0 8 2 3
Y Y Y Y M M D D

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

C3 Outside Diameter: 6 (cm / in)
C4 Casing Material: Steel Plastic Other
C5 Casing Wall Thickness: 1.2 (cm / in)
C6 Casing Depth to: 1.50 (m / ft)

C7 Other Comments Regarding Casing:

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

C8 Seal Material Type: C9 Diameter of Seal: C10 Seal Depth from: C11 Seal Depth to: C12 Volume Placed:

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: C15 Screen Material: C16 Screen Type: C17 Depth from: C18 Depth to: Slot Size / Perforation Dia: C19 Screen Comments:

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: D2 Well Head Completion: D3 Well Head Stick-up: D4 Static Water Level: D5 Well Yield Estimate: D6 Final Well Status: D7 Well Abandonment Status: D8 Method Used to Estimate Well Yield:

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

Table with columns: Time (min), Water Level (m / ft), Time (min), Water Level (m / ft). Rows for 0 (SWL), 0 (FWL), 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60.

G1 GROUNDWATER QUALITY

Field Data

Date Measurements Taken: Y Y Y Y M M D D

Electrical Conductivity: uS

pH:

Temperature: C

Turbidity/Sand Content

Clear, Slightly turbid/cloudy, Moderately turbid/cloudy, Turbid/cloudy, Trace sand present, No sand present

Groundwater Type

Sally, Sulphur / Egg Odour, Organic Taste / Odour, Metallic Taste, Other:

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: H2 Name of Driller(s): H3 Address of Driller: Signature of Primary Driller: Date Submitted to Dept. of Environment: Y Y Y Y M M D D

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) 661-0408, 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 (AT/PP) 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 1-800-551-0408 Ext 3223. I have read the above clause and understand the purpose for collection of personal information. Signature of Well Owner