

WATER WELL DRILLERS FORM

Well ID:

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: Company / Department / Organization:

A3 Street Address of Well Location:

A4 Town / Village / Area / Lot #:

A5 UTM Coordinates (using handheld GPS): NAD 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.

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

EXAMPLE ONLY		brown	SAND	trace gravel	some silt	soft and saturated
Depth (m / ft)						
B2 From	B2 To	B4 General Colour	B5 Most Common Material	B6 Secondary Materials		B7 General Description
0	20	Brown	Sand			
20	100	grey	clay			
100	112	Brown	Sand	gravel		

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
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):
Material type: (i.e. silica)

Well Screen Information (depth below ground surface, please circle appropriate units)

C14 Outside Diameter: 6
C15 Screen Material: Stainless Steel
C16 Screen Type: Continuous Wire Wrap
C17 Depth from: 115
C18 Depth to: 108
Slot Size / Perforation Dia: 8

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Water Jetting
D2 Well Head Completion: Well House, Pileless Adaptor
D3 Well Head Stick-up: 2
D4 Static Water Level: 37
D5 Well Yield Estimate: 3
D6 Final Well Status: Water Supply (in use)
D7 Well Abandonment Status: YES
D8 Method Used to Estimate Well Yield: Pumping Test

PUMPING TEST RECORD AND GROUNDWATER QUALITY

(All depths below ground, circle appropriate units)

E1 Pumping Test Information

Pumping Test Start Date:
Static Water Level (SWL):
Pump Intake Set at:
Duration of pumping:
Final Water Level (FWL) at end of Pumping Test:

RECOMMENDATIONS

Recomm. Pump Depth:
Recomm. Pumping Rate:
If flowing, provide rate:

F1 Well Water Level Drawdown/Recovery DATA

Table with columns: Drawdown Time (min), Water Level (m / ft), Recovery Time (min), Water Level (m / ft). Rows 0-60.

G1 GROUNDWATER QUALITY

Field Data: Date Measurements Taken:
Electrical Conductivity:
pH:
Temperature:
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
Date Sample Taken:

Chemical Analysis of Water

Was a sample taken? YES/NO
Date Sample Taken:

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: Cathway water
H2 Name of Driller(s): Tony
H3 Address of Driller: 10118 Cooper Rd

CONSULTANT (if applicable)

I1 Company Name:
I2 Company Address:
I3 Report Reference:
I4 Report Date:

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

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.