

WELL CONSTRUCTION (Continued from Page 1)

Surface / Environmental Seal (depth below ground surface, please circle appropriate units)
 C8 Seal Material Type: CLAY (Ls. Bentonite)
 C9 Diameter of Seal: 10 (cm / in)
 C10 Seal Depth from: _____ (m / ft)
 C11 Seal Depth to: 10 (cm / 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: _____ (f.e. silica)

Well Screen Information (depth below ground surface, please circle appropriate units)
 C14 Outside Diameter: _____ (cm / in)
 C15 Screen Material: Stainless Steel Steel Plastic N/A Other: _____
 C16 Screen Type: Continuous Wire Wrap Lower Screen Perforated Slotted Open Hole
 C17 Depth from: _____ (m / ft)
 C18 Depth to: 126 (m / ft) Blot Size / Perforation Ø: 3 Thou. / mm / inch
 Screen 1: 4 (m / ft) Screen 2: _____ (m / ft) Screen 3: _____ (m / ft)
 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 Fittless Adaptor Depth of adaptor: 6 (cm / ft) Well Pit (NOT PERMITTED) None (well not completed)
 D3 Well Head Stick-up (above ground surface): 1.5 (m / ft) (Use negative if below grade)
 D4 Static Water Level (below top of casing): 92 (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate: 7 (Lps / gpm)
 D6 Final Well Status: Water Supply (In use) Not In-use Stand by (Back-up) Deepened Observation Abandoned Dry Poor Quality Insufficient Yield
 D7 Well Abandonment Status: _____
 D8 Method Used to Estimate Well Yield: Air Lifting Bailing Pumping Test (If not conducted, complete Pumping Test Record)

PUMPING TEST RECORD AND GROUNDWATER QUALITY

E1 Pumping Test Information
 Pumping Test Start Date: 31 01 06 20 08
 Static Water Level (SWL): 92 (m / ft)
 Pump Intake Set at: 116 (m / ft)
 Duration of pumping: 12 hrs _____ min
 Final Water Level (FWL) at end of Pumping Test: _____ (m / ft)

RECOMMENDATIONS
 Recomm. Pump Depth: 116 (m / ft)
 Recomm. Pumping Rate: 7 (Lps / gpm)
 If flowing, provide rate: _____ (Lps / gpm)

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	

G1 GROUNDWATER QUALITY

Field Data
 Date Measurements Taken: _____
 Electrical Conductivity: _____ uS
 pH: _____
 Temperature: _____ °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

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

Chemical Analysis of Water
 Was a sample taken? YES NO
 Date Sample Taken: 10 01 07 20 08
 If yes, indicate the name of the laboratory: ALS

WELL CONTRACTOR

1 Name of Contractor / Drilling Company: 13634 YUKON INC
 2 Name of Driller(s): ROGER POOLE
 3 Address of Driller: Box 10141 WHITE HORSE Y1A 7A1
 Signature of Primary Driller: _____
 Date Submitted to Dept. Of Environment: 11 01 08 20 08

CONSULTANT (If applicable)

1-1 Company Name: _____
 1-2 Company Address: _____
 1-3 Report Reference: _____
 1-4 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 2C8

Please feel free to contact us at:
 Phone: (867) 867-3471, Toll free (in Yukon) _____
 Fax: (867) 867-3472