



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

C8 Seal Material Type: Bentond (i.e. Bentonite) C9 Diameter of Seal: 10 (cm / in) C10 Seal Depth from: 18 (m / ft) C11 Seal Depth to: 10 (m / ft) C12 Volume Placed: 4 bags (m<sup>3</sup> / ft<sup>3</sup>)

Gravel Pack (depth below ground surface, please circle appropriate units)

C13 Gravel Pack: N/A  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: 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: 570 (m / ft) C18 Depth to: 306 (m / ft) Slot Size / Perforation Dia: 8 Thou. / mm / inches Screen 1: 374 (m / ft) 300 (m / ft) 8 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): 205 (m / ft) (Use negative if below grade) D4 Static Water Level (below top of casing): 152 (m / ft) (Use negative if below grade) D5 Well Yield Estimate: 4.75 (Lps / gpm) 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)

RECOMMENDATIONS

Recomm. Pump Depth:      (m / ft)  
 Recomm. Pumping Rate:      (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:      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

- Salty
- 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

**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: 101 B COPPIN RD. WHITEHORSE  
      
 Signature of Primary Driller:      Y Y Y Y M M D D  
 Date Submitted to Dept. Of Environment

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 2C8

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 (ATIPPA) 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