

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)
 C10 Seal Depth from: 0 (m)
 C11 Seal Depth to: 15 (m)
 C12 Volume Placed: _____ (m³/h³)

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)

C17 Depth from: _____ C18 Depth to: _____ Slot Size / Perforation Dia: _____
 Screen 1. 199 (m / ft) 209 (m / ft) 15 (mm / inches)
 Screen 2. _____ (m / ft) _____ (m / ft) _____ (mm / inches)
 Screen 3. _____ (m / ft) _____ (m / ft) _____ (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): 2 (m) (Use negative if below grade)
 D4 Static Water Level (below top of casing): 159 (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate: 8 (Lps) (gpm)
 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 later conducted, complete Pumping Test Record)
 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
 Y Y Y Y M M D D

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

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 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: Cathway Water
 H2 Name of Driller(s): Sordan Holloway
 H3 Address of Driller: 101 B copper rd.

 Signature of Primary Driller
2017 05 15
 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) 661-0408, 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 (ATIPP) 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