

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 / in) C10 Seal Depth from: 0 (m / ft)
 C11 Seal Depth to: 15 (m / 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: _____ (i.e. silica)

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

C14 Outside Diameter: 6 (cm / in) C15 Screen Material: Stainless Steel Steel Plastic N/A Other: _____
 Continuous Wire Wrap Louver Screen Perforated Slotted Open Hole
 C17 Depth from: 74.5 (m / ft) C18 Depth to: 50 (m / ft) Slot Size / Perforation Dia: 30 (Thou) mm / inches
 Screen 1. _____ (m / ft) _____ (m / ft) _____ (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 Well Pit (NOT PERMITTED) None (well not completed)
 D3 Well Head Stick-up (above ground surface): 2 (m / ft) (Use negative if below grade)
 D4 Static Water Level (below top of casing): 96 (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate: 30 (L/s / 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)
 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): TONY UEVERSE
 H3 Address of Driller: 1015 COPPER ROAD

 Signature of Primary Driller
 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) 561-0408, 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 (ATIP/PA) 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