

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

C8 Seal Material Type: Bentonite (i.e. Bentonite)
 C9 Diameter of Seal: 6 (cm) 0 (m)
 C10 Seal Depth from: 0 (m)
 C11 Seal Depth to: 15 (m)
 C12 Volume Placed: _____ (m³)

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 (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: Screen 1. _____ (m / ft) Screen 2. _____ (m / ft) Screen 3. _____ (m / ft)
 C18 Depth to: _____ (m / ft) _____ (m / ft) _____ (m / ft)
 Slot Size / Perforation Dia: _____ 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) 7 (m) (Use negative if below grade)
 D4 Static Water Level (below top of casing) _____ (m / ft) (Use negative if below grade)
 D5 Well Yield Estimate 77 (Lps / gpm)
 D6 Final Well Status Water Supply (in use) Stand by (Back-up) Observation Not in use Deepened Other: _____ Abandoned 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)

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: _____

RECOMMENDATIONS

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

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. _____

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 | |

Bacteria Testing

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

Chemical Analysis of Water

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

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: Cathway Water Res.
 H2 Name of Driller(s): Jordan
 H3 Address of Driller: 1018 Copper Rd

 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 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 (ATIP) 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