

Owner name: _____
 Mailing address: _____ City / Town: _____ Prov. / Terr. Y.T. Postal Code _____
 Well Location Address: Street No. Lot 1051-1 Street name South Klondike City / Town White
 OR Legal description: Lot _____ Plan _____ D.L. _____ Block _____
 OR PID: _____ AND Description of well location (attach sketch if nec.): _____
 NAD 83: Zone: _____ AND UTM Easting: 09508052 m OR Latitude: _____
 UTM Northing: 6703952 m OR Longitude: _____
 Method of drilling: air rotary dual rotary cable tool mud rotary auger driving jetting other (specify) _____
 Orientation of well: vertical horizontal Ground elevation 782 m ft (asl) Method: _____
 Class of well: _____
 Water supply wells, indicate water use: private domestic water supply system irrigation commercial or industrial
 other (specify) _____

		Surficial Material										Bedrock Material										Color					Hardness			Water Content					Observations (e.g. other geological materials (e.g. boulders), est. water bearing flow (USgpm), or closure details)		
From ft (bgl)	To ft (bgl)	Clay	Silt	Till	Sand with clay/silt	Sand, fine-med	Sand, med-coarse	Sand with gravel	Siltstone/Shale	Sandstone	Granodiorite	Limestone	Basalt	Volcanic	Crystalline	Other Surficial Bedrock	Red	Orange	Brown	Black	Light Grey	Blue	Green	Dark Grey	Very Hard	Hard	Dense / Stiff	Loose	Dry	Moist	Wet	High Production	Lost circulation	Not available			
0	25																																				
25	78																																				
78	116																																				Screened did not work
116	177																																				
177	184																																				
184	195																																				
195	240																																				

CASING DETAILS						SCREEN DETAILS				
From ft (bgl)	To ft (bgl)	Dia in	Casing Material / Open Hole	Wall Thickness in	Drive Shoe	From ft (bgl)	To ft (bgl)	Dia in	Type	Slot Size
0	240	6	Steel	2.19	PR					

Surface seal: Type Bentonite Depth 15 ft
 Method of installation Poured Pumped Thickness 10 in
 Backfill: Type _____ Depth _____ ft
 Liner: PVC Other (specify): _____
 Diameter _____ in Thickness _____ in
 From _____ ft (bgl) To _____ ft (bgl)
 Perforated: From _____ ft (bgl) To _____ ft (bgl)

Intake: Screen Open bottom Uncased hole
 Screen type: Telescope Pipe size
 Screen material: Stainless steel Plastic Other: _____
 Screen opening: Continuous slot Slotted Perforated pipe
 Screen bottom: Bail Plug Plate Other: _____
 Filter pack: From _____ ft To: _____ ft Thickness: _____ in
 Type and size of material: _____

DEVELOPED BY	FINAL WELL COMPLETION DATA
<input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Surging <input type="checkbox"/> Jetting <input type="checkbox"/> Pumping <input type="checkbox"/> Bailing Other (specify): _____ Total duration: _____ hrs Notes: _____	Total depth drilled: <u>241</u> ft Finished well depth: <u>241</u> ft (bgl) Final stick up: <u>18</u> in Depth to bedrock: <u>240</u> ft (bgl) SWL: <u>90</u> ft (bgl) Estimated well yield <u>2</u> USgpm Artesian flow: _____ USgpm, or Artesian pressure: _____ ft Type of well cap: _____ Well disinfected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where well ID plate is attached: _____

WELL YIELD ESTIMATED BY	OBVIOUS WATER QUALITY CHARACTERISTICS	WELL CLOSURE INFORMATION
<input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Air lifting <input type="checkbox"/> Bailing <input type="checkbox"/> Other (specify): _____ Rate: _____ USgpm Duration: _____ hrs SWL before test: _____ ft (btoc) Pumping water level: _____ ft (btoc)	<input type="checkbox"/> Fresh <input type="checkbox"/> Salty <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Sediment <input type="checkbox"/> Gas Colour / Odour: _____ Water sample collected: <input type="checkbox"/>	Reason for closure: _____ Method of closure: <input type="checkbox"/> Poured <input type="checkbox"/> Pumped Sealant Material: _____ Backfill material: _____ Details of closure: _____

WELL DRILLER (print clearly)
 Name (first, last): Brian Mac Dougal
 Consultant (if applicable; name & company): _____

Signature of Driller Responsible: [Signature]

DATE OF WORK (yyyy/mm/dd)
 Started: Oct Completed: Oct 2016
 Comments: _____

PLEASE NOTE: The information recorded in this well report describes the works and hydrogeologic conditions at the time of construction, alteration or closure as the case may be. Well yield, well performance and water quality are not guaranteed as they are influenced by a number of factors, including natural variability, human activities and condition of the works, which may change over time.