

WATER WELL DRILLERS FORM

Well Record Page 1 of 2

Well ID:

To be assigned by Dept. Of Environment

Environment
Water Resources Section
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon, Y1A 2C6

INSTRUCTIONS FOR COMPLETING THE FORM

1. Additional information is provided at the bottom of this form on page 2.
2. Question can be directed to Water Resources at 867 667-3171.

3. All well construction measurements shall be reported to 0.1 m or 0.3 ft.
4. Please print clearly in blue or black ink.
5. Completion and submission of this form is the responsibility of the drilling contractor.
6. Please specify metric or imperial units for all measurements.

WELL LOCATION AND OWNER'S INFORMATION

A1 Well Name: Optional (i.e. City Well No. 2)

A2 Drilled For: Company / Department / Organization

A3 Street Address of Well Location: Km 133-8 Klondike Hwy

A4 Town / Village / Area / Lot #: Lot 1023

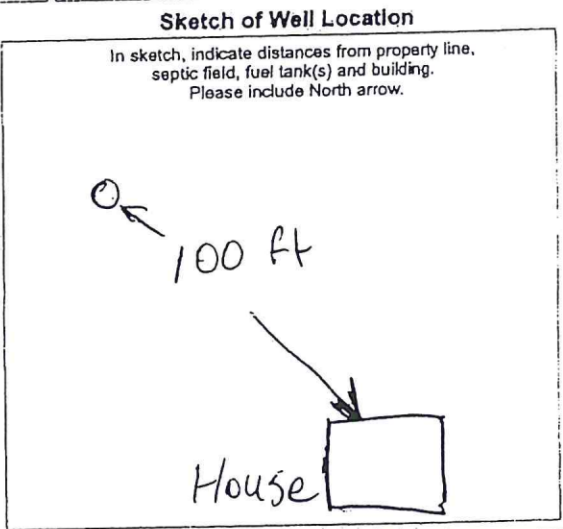
A5 UTM Coordinates (using handheld GPS): NAD 8 3 Zone:

Easting: Northing:

A6 Elevation of Top of Casing: m / ft ASL

A7 Accuracy of GPS: +/- m / ft

- A8 Purpose of Wells
- Domestic Test Well Irrigation Environmental (Quality)
- Commercial Municipal Observation - Water Level Other (please identify use)
- Industrial Agricultural Public/Recreational



LOG OF OVERBURDEN AND BEDROCK MATERIALS (All depths are below ground surface; circle appropriate units; use descriptors provided)

| Depth (m / ft) | B4 General Colour | B5 Most Common Material | B6 Secondary Materials | | B7 General Description |
|----------------|-------------------|-------------------------|------------------------|-------------------|------------------------|
| | | | trace gravel | some silt | |
| 0 - 16 | Brown | Coarse Gravel | | | Consolidated |
| 16 - 36 | Brown | Gravel | | | Soft |
| 36 - 48 | Brown | Sand | | | Soft |
| 48 - 54 | Grey | Sand | | | Soft |
| 54 - 102 | Brown | Sand | | Gravel + Big Rock | Soft |
| 102 - 119 | Brown | Sand | | Gravel | Hard |
| 119 - 177 | Brown | Sand | | Gravel | Consolidated |
| 177 - 204 | Grey | Glacial Till | | clay gravel | Hard |
| 204 - 315 | Grey | Basalt | | Granite | Open Hole |

B8 Permafrost Encountered: NO YES If yes, indicated depth (m / ft): from: to:

WELL CONSTRUCTION (Continues on Page 2)

Date Well Completed: 1 8 0 8 2 0 0 17

Example: 31 01 2005

- C1 Drilling Method: Air Rotary (Conventional) Dug Other (please specify)
- Reverse Air Rotary Cable Tool
- Mud Rotary Auger (Hollow / Solid Stem)
- C2 Well Type: OVERBURDEN BEDROCK

C3 Outside Diameter: 6.825 (in)

C4 Casing Material: Steel Plastic Other

C5 Casing Wall Thickness: -.250 (in)

C6 Casing Depth to: 204 (ft)

C7 Other Comments Regarding Casing: PVC Liner in Bed Rock

WELL CONSTRUCTION (Continued from Page 1)

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

C8 Seal Material Type: Clay
(i.e. Bentonite)

C9 Diameter of Seal: 10 (cm / in)

C10 Seal Depth from: 1-5 (m / ft)

C11 Seal Depth to: 11-5 (m / ft)

C12 Volume Placed: 30 (m³ / 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: _____ (m / ft) C18 Depth to: _____ (m / ft) Biot Size / Perforation Dia: _____ 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 Lifting / 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)

1-5 (m / ft)
(Use negative if below grade)

D4 Static Water Level (below top of casing)

182 (m / ft)
(Use negative if below grade)

D5 Well Yield Estimate

25 (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 test conducted, complete Pumping Test Record)

D6 Final Well Status

- Water Supply (in use)
- Stand-by (Back-up)
- Observation
- Not in use
- Deepened
- Other: _____
- Abandoned Dry
- Poor Quality
- Insufficient Yield

PUMPING TEST RECORD AND GROUNDWATER QUALITY
(All depths below ground, circle appropriate units)

E1 Pumping Test Information

Pumping Test Start Date: 01/08/2007

Static Water Level (SWL): 182 (m / ft)

Pump Intake Set at: 10 (cm / ft)

Duration of pumping: _____ hrs 45 min

Final Water Level (FWL) at end of Pumping Test: 304 (m / ft)

RECOMMENDATIONS

Recomm. Pump Depth: _____ (m / ft)

Recomm. Pumping Rate: 5 (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: _____
Electrical Conductivity: _____ uS
pH: _____
Temperature: _____ °C

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:

Chlorine

Bacteria Testing

Was a sample taken? YES NO

Date Sample Taken: 2/21/07

If yes, indicate the name of the laboratory:

Whitehorse Hospital

Chemical Analysis of Water

Was a sample taken? YES NO

Date Sample Taken: _____

If yes, indicate the name of the laboratory:

Analytical Chemical Systems

WELL CONTRACTOR

H1 Name of Contractor / Drilling Company: 13634 Yukon Inc

H2 Name of Driller(s): _____

H3 Address: _____

Signature of Primary Driller: _____

Date Submitted to Dept. Of Environment: 2/21/07

CONSULTANT (if applicable)

I-1 Company Name: _____

Company Address: _____

I-3 Report Reference: _____

I-4 Report Date: _____

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)-867-3171, Toll free (in Yukon): (1-800)-661-0408, local 3171
Fax: (867)-867-3105