



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

C8 Seal Material Type: C9 Diameter of Seal: C10 Seal Depth from: C11 Seal Depth to: C12 Volume Placed:

Gravel Pack (depth below ground surface, please circle appropriate units)

C13 Gravel Pack: NO YES If yes, indicated depth (m / ft): from: to: Indicate diameter of material: (mm / inches) Material type:

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

C14 Outside Diameter: C15 Screen Material: C16 Screen Type: C17 Depth from: C18 Depth to: Slot Size / Perforation: C19 Screen Comments:

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: D2 Well Head Completion: D3 Well Head Stick-up: D4 Static Water Level: D5 Well Yield Estimate: D6 Final Well Status: D7 Well Abandonment Status: D8 Method Used to Estimate Well Yield:

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

Table with columns for Drawdown (Time, Water Level) and Recovery (Time, Water Level) with rows for 0, 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60 minutes.

G1 GROUNDWATER QUALITY

Field Data

Date Measurements Taken: Y Y Y Y M M D D

Electrical Conductivity: uS pH: Temperature: °C

Turbidity/Sand Content

Clear Slightly turbid/cloudy Moderately turbid/cloudy Turbid/cloudy Trace sand present No sand present

Groundwater Type

Salty Sulphur / Egg Odour Organic Taste / Odour Metallic Taste Other:

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: Impact Well Drilling

H2 Name of Driller(s):

H3 Address of Driller:

Date Submitted to Dept. Of Environment: 2010 12 1

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 (ATIPP) Act, Section 29 (c) and will be used to compile a public database of well and ground water information.

I have read the above clause and understand the purpose for collection of personal information. Signature of Well Owner