



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: 1 (m/ft)
C12 Volume Placed: (m^2/R^2)

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

C13 Gravel Pack: NO If yes, indicated depth (m/ft): 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: 5 (cm/in)
C15 Screen Material: Stainless Steel
C16 Screen Type: Continuous Wire Wrap
C17 Depth from: 331 (m/ft)
C18 Depth to: 335 (m/ft)
Slot Size / Perforation Dia: 10 Thou./mm/inches

WELL DEVELOPMENT AND STATUS

D1 Well Developed by: Air Jetting / Air Lifting
D2 Well Head Completion: Well Head
D3 Well Head Stick-up: 0 (m/ft)
D4 Static Water Level: 150 (m/ft)
D5 Well Yield Estimate: 10 (Lps/gpm)
D6 Final Well Status: Water Supply (in use)
D7 Well Abandonment Status: YES
D8 Method Used to Estimate Well Yield: Pumping Test

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

Table with 4 columns: Time (min), Water Level (m/ft), Time (min), Water Level (m/ft). Rows for 0, 1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 40, 50, 60 minutes.

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 Resources

H2 Name of Driller(s):

Signature of Primary Driller

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/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