NOV 1 0 2017

Well Record Page 1 of 2

Government
Department of Environment
Water Resources Section V-310
Yukon Water Well Registry
Box 2703 Whitehorse, Yukon Y1A 2C6

| | WATER A | RESOURCES BRAN | VA)I E | R WELL |
|----------|--|----------------|--------|----------|
| Well ID: | | DRII | LEF | RS FORM |
| , | To be assigned by Dept. Of Environment | I Metric | 0 | Imperial |

| 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 return the drilling contractor. 6. Please specify metric or imperial units for all metals. | | | | | | |
|--|--|--|--|--|--|--|
| WELL LOCATION AND OWNER'S INFORMATION A1 Well Name: Optional (i.e. C | ity Well No. 2) | | | | | |
| First Name Last Name Company / Department / Organization | ion | | | | | |
| A3 Street Address of Well Location: Sketch of Well Location | 200 | | | | | |
| A4 Town / Village / Area / Lot #: In sketch, indicate distances from prop septic field, fuel tank(s) and buildid Please include North arrow. | septic field, fuel tank(s) and building. | | | | | |
| 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 Commercial Municipal Dobservation - Water Level Industrial Agricultural Public/Recreational Environmental (Quality) Cother (please identify use) | | | | | | |
| LOG OF OVERBURDEN AND BEDROCK MATERIALS (All depths are below ground surface, circle appropriate units, use descriptor | 's provided) | | | | | |
| EXAMPLE ONLY (brown, grey green, black, redish, beige, olive, yellowish) brown Depth (m/tt) B2 From B310 CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK SAND B4 General Colour CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK SAND B5 Most Common Material CHAY, SILT, SAND, GRAVEL, COBBLES, BEDROCK SAND B6 Secondary Materials B7 General Desc CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK Trace gravel some silt B7 General Desc CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK Trace gravel some silt B7 General Desc CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK Trace gravel some silt B7 General Desc CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK Trace gravel some silt B7 General Desc CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK Trace gravel some silt B7 General Desc CHAY, SILT, SAND, GRAVEL, COBBLES, BOULDERS, BEDROCK Trace (19th, le. SILT race gravel) Some 10-20% (i.e. SAND or gravel) Some 10-20% | d / very hard ated | | | | | |
| WELL CONSTRUCTION (Continues on Page 2) Date Well Completed Date Well V Y Y M M D D Example: 2005 01 31 | | | | | | |
| C1 Drilling Method Air Rotary (Conventional) Dug Other (please specify) C2 Well Type: In what geologi | ical material is the g zone located? | | | | | |
| Casing (depth below ground surface, please circle appropriate units) C3 Outside Diameter (cm (in)) C4 Casing Material C5 Casing Wall Thickness C6 Casing Depth to: [Cm (in) Cm (in) | | | | | | |

| Surface / Environmental Seal (depth below ground surface, please circle appropriate un | its) | | | | | | |
|---|---|--|--|--|--|--|--|
| C8 Seal Material Type: C9 Diameter of Seal: C10 Seal Depth from: (i.e. Bentonite) | C11 Seal Depth to: C12 Volume Placed: (m³/ft³) | | | | | | |
| Gravel Pack (depth below ground surface, please circle appropriate units) | | | | | | | |
| C13 Gravel Pack: NO If yes, indicated depth (m / ft): YES YES If yes, indicated depth (m / ft): To implicate diameter of material: (mm / inches) Material type: (i.e. silica) | | | | | | | |
| Well Screen Information (depth below ground surface, please circle appropriate units) C17 Depth from: C18 Depth to: Slot Size / Perforation Dia: | | | | | | | |
| C14 Outside Diameter C15 Screen Material Diameter C16 Screen Type Screen 2. | (m/ft) (m/ft) Thou./mm/inches (m/ft) (m/ft) Thou./mm/inches | | | | | | |
| ☐ Other: D6 Final Well Status ☐ Water Supply (in use) ☐ Not in use ☐ Abandoned ☐ Dry | D7 Well Abandonment Status Was the well properly decommissioned with bentonite grout? YES Bailing | | | | | | |
| Stand by (Back-up) Deepened If well was Abandoned, please give reason: Insufficient Yield give reason: Artesian conditions | If YES, Indicate Date: Pumping Test (If test conducted, complete Pumping Test Record) | | | | | | |
| PUMPING TEST RECORD AND GROUNDWATER QUALITY (All depths below ground, circle appropriate units) F1 Well Water Level Drawdown/Recovery DATA Drawdown Recovery | | | | | | | |
| E1 Pumping Test Information RECOMMENDATIONS | Time Water Level Time Water Level (min) (m / ft) (min) (m / ft) | | | | | | |
| Pumping Test Start Date: Recomm. Pump Depth: | 0 (SWL) 0 (FWL) | | | | | | |
| Y Y Y M M D D (m/ft) | 1 1 | | | | | | |
| Static Water Level (SWL): Recomm. Pumping Rate: | 2 2 | | | | | | |
| (m/ft) (Lps/gpm) | 3 3 | | | | | | |
| Pump Intake Set at: | 4 4 | | | | | | |
| (m/ft) If flowing, provide rate: (Lps/gpm) | 5 5 | | | | | | |
| Duration of pumping: | 10 10 | | | | | | |
| hrs min | 15 15 | | | | | | |
| Final Water Level (FWL) | 20 20 | | | | | | |
| at end of Pumping Test: (m / ft) | 25 25 | | | | | | |
| | 30 30 40 | | | | | | |
| G1 GROUNDWATER QUALITY Field Data Turbidity/Sand Content | 50 50 | | | | | | |
| Date Measurements Taken: | 60 60 | | | | | | |
| ☐ Slightly turbid/cloudy | Bacteria Testing | | | | | | |
| Y Y Y M M D D Moderately turbid/cloudy | Was a sample taken? ☐ YES ☐ NO If yes, indicate the | | | | | | |
| Electrical Conductivity: uS Turbid/cloudy | Date Sample Taken: name of the laboratory. | | | | | | |
| pH: Trace sand present | | | | | | | |
| Temperature: C No sand present | Y Y Y M M D D Chemical Analysis of Water | | | | | | |
| Groundwater Type Well Disinfection | Was a sample taken? ☐ YES ☐ NO If yes, indicate the | | | | | | |
| ☐ Salty Was the well disinfected upon completion | Date Sample Taken: name of the laboratory. | | | | | | |
| ☐ Sulphur / Egg Odour of the pump installation? ☐ YES ☐ NO | | | | | | | |
| ☐ Organic Taste / Odour Briefly describe method of well disinfection. | Y Y Y M M D D | | | | | | |
| ☐ Metallic Taste | | | | | | | |
| Other: | 1 | | | | | | |
| WELL CONTRACTOR | CONSULTANT (If applicable) | | | | | | |
| H1 Name of Contractor / Drilling Company: Midnight Sun Whilliu | I 1 Company Name: | | | | | | |
| H2 Name of Driller(s) | I 2 Company Address: | | | | | | |
| H3 Address of Driller: 806 Black St. Whitcherse | 13 Report Reference: | | | | | | |
| | I 4 Report Date: | | | | | | |
| Y Y Y M M D D Date Submitted to Dept. Of Environmen | | | | | | | |
| Upon completing this form, Department of Environment, please mail or fav it to: Water Resources Section (V-310), Information and Figure 1 public database of public | | | | | | | |

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

Signature of Well Owner