

**STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND & WATER
WATER WELL LOG**

Drilling Started: ___/___/___, Completed: ___/___/___

City/Borough:	Subdivision:	BLOCK	LOT	Property Owner Name & Address:
Meridian _____ Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4 of _____ 1/4				
BOREHOLE DATA: (from ground surface) Depth			Drilling method: <input type="checkbox"/> Air rotary, <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____	
Material: Type, Color & wetness			Well use: <input type="checkbox"/> Public supply, <input type="checkbox"/> Domestic, <input type="checkbox"/> Other _____	
	From	To	Depth of hole: _____ ft, Casing stickup: _____ ft	
			Casing type: _____ Thickness _____ inches	
			Casing diameter: _____ inches Casing depth _____ ft	
			Liner type: _____ Diameter: _____ inches Depth: _____ ft	
			Note:	
			Static water (from top of casing): _____ ft on ___/___/___	
			Pumping level & yield: _____ feet after _____ hours at _____ gpm	
			Recovery rate: _____ gpm, Method of testing: _____	
			Development method: _____ Duration: _____	
			Well intake opening type: <input type="checkbox"/> Open end <input type="checkbox"/> Open hole, Other <input type="checkbox"/>	
			<input type="checkbox"/> Screened; Start: _____ ft, Stopped _____ ft	
			Screen type: _____ Slot/mesh size _____	
			<input type="checkbox"/> Perforated; Start: _____ ft, Stopped _____ ft	
			Start: _____ ft, Stopped _____ ft	
			Gravel packed <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ ft to _____ ft	
			Note:	
			Grout type: _____ Volume _____	
			Depth; from _____ ft, to _____ ft	
			Pump intake depth: _____ ft	
			Pump size _____ hp Brand name _____	
			Was well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Method of disinfection:	
			Driller comments/ disclaimers:	
			
			
			Well driller name:	
			Company name:	
			Mailing address:	
			City: _____ State: <u>AK</u> Zip _____	
			Phone number : (_____) _____ - _____	
			Drillers signature: _____	
			Date: ___/___/___	

Alaska state law requires that a copy of this well log be forwarded to the Department of Natural Resources within 45 days (AK statutes 38.05.020, 38.05.035, 41.08.020, 46.15.020 and AK regulations 11 AAC 93.140). Faxes are acceptable.

Alaska DNR, Division of Mining, Land and Water,
550 W 7th Avenue, Suite 1020
Anchorage, AK 99501-3562

Phone (907)269-8639 and fax (907)269-8947

If the well is within city limits, the City of Anchorage requires that a copy of this well log be forwarded to the city within 60 days and another copy of this log be forwarded to the owner of the property, on which the well is located, within 30 days.

City Permit Number: _____

Date of Issue: ___/___/___

Parcel Identification Number: _____ - _____ - _____

Is well located at approved permit location? Yes or No