



11341

WATER WELL RECORD  
STATE OF ALASKA  
DEPARTMENT OF NATURAL RESOURCES  
Division of Geological & Geophysical Surveys

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|--------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION OF WELL (Please complete either 1a, 1b or 1c.)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                         |                    | Drilling Permit No. _____ |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    | A.D.L. No. _____          |                                                                                                                                                                                                                                                                                                                  |
| 1a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Borough<br><b>Mat-Su</b> | Subdivision<br><b>Cottonwood Shores</b> | Lot<br><b>10</b>   | Block<br><b>19</b>        | 1b. <input type="checkbox"/> 1/4 qtrs. _____<br>Section No. _____ Township <input type="checkbox"/> N <input type="checkbox"/> S Range <input type="checkbox"/> E <input type="checkbox"/> W Meridian _____                                                                                                      |
| 1c. DISTANCE AND DIRECTION FROM ROAD INTERSECTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                         |                    |                           | 3. OWNER OF WELL: <b>Steve Clark</b><br>Address: <b>SR Box 6627-C Wasilla, AK</b>                                                                                                                                                                                                                                |
| Street Address and Area of Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
| 2. WELL LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                         | Feet Below Surface |                           | 4. WELL DEPTH: (final) <b>120</b> ft.                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         | Top                | Bottom                    |                                                                                                                                                                                                                                                                                                                  |
| Material Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |                    |                           | 5. DATE OF COMPLETION<br><b>11 - 16 - 85</b>                                                                                                                                                                                                                                                                     |
| <b>Sand &amp; Gravel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         | <b>0</b>           | <b>20</b>                 |                                                                                                                                                                                                                                                                                                                  |
| <b>Heaving Sand</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                         | <b>20</b>          | <b>44</b>                 | 6. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Other:                                  |
| <b>Sand Gravel Water</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         | <b>44</b>          | <b>48</b>                 |                                                                                                                                                                                                                                                                                                                  |
| <b>Sand</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                         | <b>48</b>          | <b>110</b>                | 7. USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test Well <input type="checkbox"/> Other: |
| <b>Sand Gravel Water</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         | <b>110</b>         | <b>120</b>                |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 8. CASING: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded<br>diam. <b>6</b> in. to <b>120</b> ft. Depth Weight <b>17</b> lbs./ft.<br>diam. _____ in. to _____ ft. Depth Stickup _____ ft.                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 9. FINISH OF WELL:<br>Type: <b>Open Hole</b> Diameter: _____<br>Slot/Mesh Size: _____ Length: _____<br>Set between _____ ft. and _____ ft.<br>Backfilling _____ Gravel pack _____                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 10. STATIC WATER LEVEL: _____ ft. <b>11/16/85</b><br><input type="checkbox"/> Above or <input checked="" type="checkbox"/> Below land surface Date<br>Equipment used: _____                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 11. PUMPING LEVEL below land surface and YIELD<br><b>115</b> ft. after <b>3</b> hrs. pumping <b>10</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 12. GROUTING Well Grouted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other: _____                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 13. PUMP: (if available) HP _____<br>Length of Drop Pipe _____ ft. capacity _____ g.p.m.<br><input type="checkbox"/> Subm. <input type="checkbox"/> Jet <input type="checkbox"/> Centrifical <input type="checkbox"/> Other                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           | 14. REMARKS:                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
| 15. WATER WELL CONTRACTOR'S CERTIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
| This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief;<br><div style="display: flex; justify-content: space-between;"> <div> <b>Bart Bullocks Well Drilling</b><br/>           Registered Business Name<br/>           Address: <b>P.O. Box 874272 Wasilla AK</b><br/>           Signed: <i>Bart Bullocks</i><br/>           Authorized Representative         </div> <div> <b>A-15478</b><br/>           Contract License Number         </div> </div> |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |
| 15. Water Temperature _____ ° <input type="checkbox"/> F <input type="checkbox"/> C                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                         |                    |                           |                                                                                                                                                                                                                                                                                                                  |

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