

13386

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	Subdivision	Lot	Block	1b.	1/4 qtrs.	Section No.	Township N ☐	Range E ☐	Meridian
	Mar Su	Gold Rush Est	15	4		— of — of —		S ☐	W ☐	

1c. DISTANCE AND DIRECTION FROM ROAD INTERSECTIONS

Gold Rush Est U3

Street Address and Area of Well Location

3. OWNER OF WELL:

Address: *Gene & Priscilla Horner*

2. WELL LOG

Material Type

Feet Below Surface

Top

Bottom

*Dirt + clay**0**5**Sandstone**5**35**coal**35**45**Sandstone**45**120**shale**120**185**Sand + gravel**185**195**shale**195**255**water coming from**fracture @ 185'**est. 1.5 gpm**water clear*

4. WELL DEPTH: (final)

255 ft.

5. DATE OF COMPLETION

0 - 0 - 86

6. ☐ Cable tool ☐ Rotary ☐ Driven ☐ Auger ☐ Jetted ☐ Bored ☐ Other:

7. USE: ☐ Domestic ☐ Public Supply ☐ Industry ☐ Irrigation ☐ Recharge ☐ Commercial ☐ Test Well ☐ Other:

8. CASING: ☐ Threaded ☐ Welded
diam. _____ in. to _____ ft. Depth Weight _____ lbs./ft.
diam. _____ in. to _____ ft. Depth Stickup _____ ft.

9. FINISH OF WELL:

Type: _____ Diameter: _____
Slot/Mesh Size: _____ Length: _____
Set between _____ ft. and _____ ft.
Backfilling _____ Gravel pack _____

10. STATIC WATER LEVEL: _____ ft. *1 / 1*
☐ Above or ☐ Below land surface Date
Equipment used: _____

11. PUMPING LEVEL below land surface and YIELD

_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

12. GROUTING Well Grouted: ☐ Yes ☐ NoMaterial: ☐ Neat Cement ☐ Other: _____

13. PUMP: (if available) HP _____

Length of Drop Pipe _____ ft. capacity _____ g.p.m.

☐ Subm. ☐ Jet ☐ Centrifical ☐ Other

14. REMARKS:

16. 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;

Jerry Holsten - H & H Dr 1

Registered Business Name

Contract License Number

Address: _____

Signed: _____

Date: _____

Authorized Representative