22914

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND & WATER
Alaska Hydrologic Survey

WATER WELL LOG Revised 08/18/2016

Drilling Started: ____/____/_____ Completed: 11 / 15 / 1992 Pump Install: ____/____/_____

City/Borough	Subdivision	Block	Lot	Property Owner Name & Address
Kodiak Island Borough				US COAST GUARD ,

Well location: Latitude _____ **Longitude** _____

Meridian S Township 031S Range 019W Section 32 , SW 1/4 of SE 1/4 of SE 1/4 of SW 1/4

BOREHOLE DATA: (from ground surface)

Suggest T.**M. Hanna's hydrogeologic classification system***
https://my.ngwa.org/NC__Product?id=a185000000BYub3AAD

	Depth From	Depth To

Include description or sketch of well location (include road names, buildings, etc.):

North

AS 41.08.020(b)(4) and AAC 11 AAC 93.140(a) require that a copy of the well log be submitted to the Department of Natural Resources within **45 days of well completion**. Well logs may be submitted using the online well log reporting system available at:

https://dnr.alaska.gov/welts/

OR email electronic well logs to

dnr.water.reports@alaska.gov

Drilling method: ☐ Air rotary, ☐ Cable tool, ☐ Other _____

Well use: ☐ Public supply, ☐ Domestic, ☐ Reinjection, ☐ Hydrofracking ☐ Commercial, ☐ Observation/Monitoring, ☐ Test/Exploratory, ☐ Cooling, ☐ Irrigation/Agriculture, ☐ Grounding, ☐ Recharge/Aquifer Storage, ☐ Heating, ☐ Geothermal Exploration, ☐ Other _____

Fluids used: _____

Depth of hole: 205 ft Casing stickup: _____ft

Casing type: _____ Casing thickness: _____ inches

Casing diameter: _____ inches Casing depth: _____ ft

Liner type: _____ Depth: _____ ft Diameter: _____inches

Note: _____

Well intake opening type: ☐ Open end, ☐ Open hole, ☒ Other _____

Screen type: _____, Screen mesh size: _____

Screen start: _____ ft, Screen stop:_____ ft, Perforated ☐ Yes ☒ No

Perforation description:_____ Perf from: _____ ft, Perf to: _____ft, Perf from: _____ ft, Perf to: _____ ft

Gravel packed ☐ Yes ☒ No Gravel start: _____ ft , Gravel stop:_____ ft

Note: _____

Static water (from top of casing): _____ ft on____/____/_____ Artesian well ☐

Pumping level & yield: _____ feet after _____ hours at 4 gpm

Method of testing:_____

Development method:_____ Duration: _____

Recovery rate: _____ gpm

Grout type: _____ Volume _____

Depth: From _____ft, To _____ft

Final pump intake depth: _____ ft Model: _____

Pump size: _____ hp Brand name: _____

Was well disinfected upon completion? ☐ Yes ☒ No

Method of disinfection: _____

Was water quality tested? ☐ Yes ☒ No

Water quality parameters tested: _____

Well driller name: .....

Company name: MAGNUSON DRILLING.....

Mailing address: PO BOX 504.....

City: EAGLE RIVER State: AK Zip: _____

Phone number: (_____) _____- _____

Driller's signature: _____

Date: _____/_____/_____

Anchorage Municipal Code 15.55.060(I) and North Pole Ordinance 13.32.030(D) require that a copy of this well log be submitted to the Development Services Department/City within **30 days of well completion**.

City Permit Number: _____

Date of Issue: _____/____/_____

Parcel Identification Number: _____-_____-_____

*Guide for Using the Hydrogeologic Classification System for Logging Water Well Boreholes by Thomas M. Hanna NGWA Press

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

Commanding Officer
USCG LORAN Station Kodiak
P.O. Box 190022
Kodiak, AK 99619-0022

Narrow Cape
AK. PWSID # 250184

Drilling Permit No. _____
A.D.L. No. _____

LOCATION OF WELL (Please complete either 1a, 1b or 1c.)

1a. Borough	Subdivision	Lot	Block	1b. 1/4 of 1/4 of 1/4 of	Section No.	Township N☐ S☐	Range E☐ W☐	Meridian
Kodiak								

1c. DISTANCE AND DIRECTION FROM ROAD INTERSECTIONS

Clean out and deepen existing well

Street Address and Area of Well Location

2. OWNER OF WELL: US Coast Guard
Address: Narrow Cape Loran ST
Kodiak, Ak.

3. WELL LOG

Material Type	Feet Below Surface Top	Bottom
Open Hole	0	165
Soft - sediment and fill	165	200
Hard black bedrock	200	205

4. WELL DEPTH: (feet) 205 ft.

5. DATE OF COMPLETION 11/15/92

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

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

8. CASING: ☐ Threaded ☐ Welded
diam. 6 in. to _____ ft. Depth Weight _____ lbs./ft.
diam. _____ in. to _____ ft. Depth Gauge _____ ft.

9. FINISH OF WELL:
Type: _____ Diameter: _____
Slot/Mesh Size: _____ Length: _____
Set between _____ ft. and _____ ft.
Description _____ Gravel pack _____

10. STATIC WATER LEVEL: _____ ft. ☐ 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 ☐ No
Material: ☐ Neat Cement ☐ Other:

13. PUMP: (if available) HP _____
Length of Drop Pipe _____ ft. capacity _____ g.p.m.
☐ Subm. ☐ Jet ☐ Centrifugal ☐ Other

14. REMARKS: Production of 4 gal per min.

15. Water Temperature _____ ☐ F ☐ C

16. WATER WELL CONTRACTOR'S CERTIFICATION:

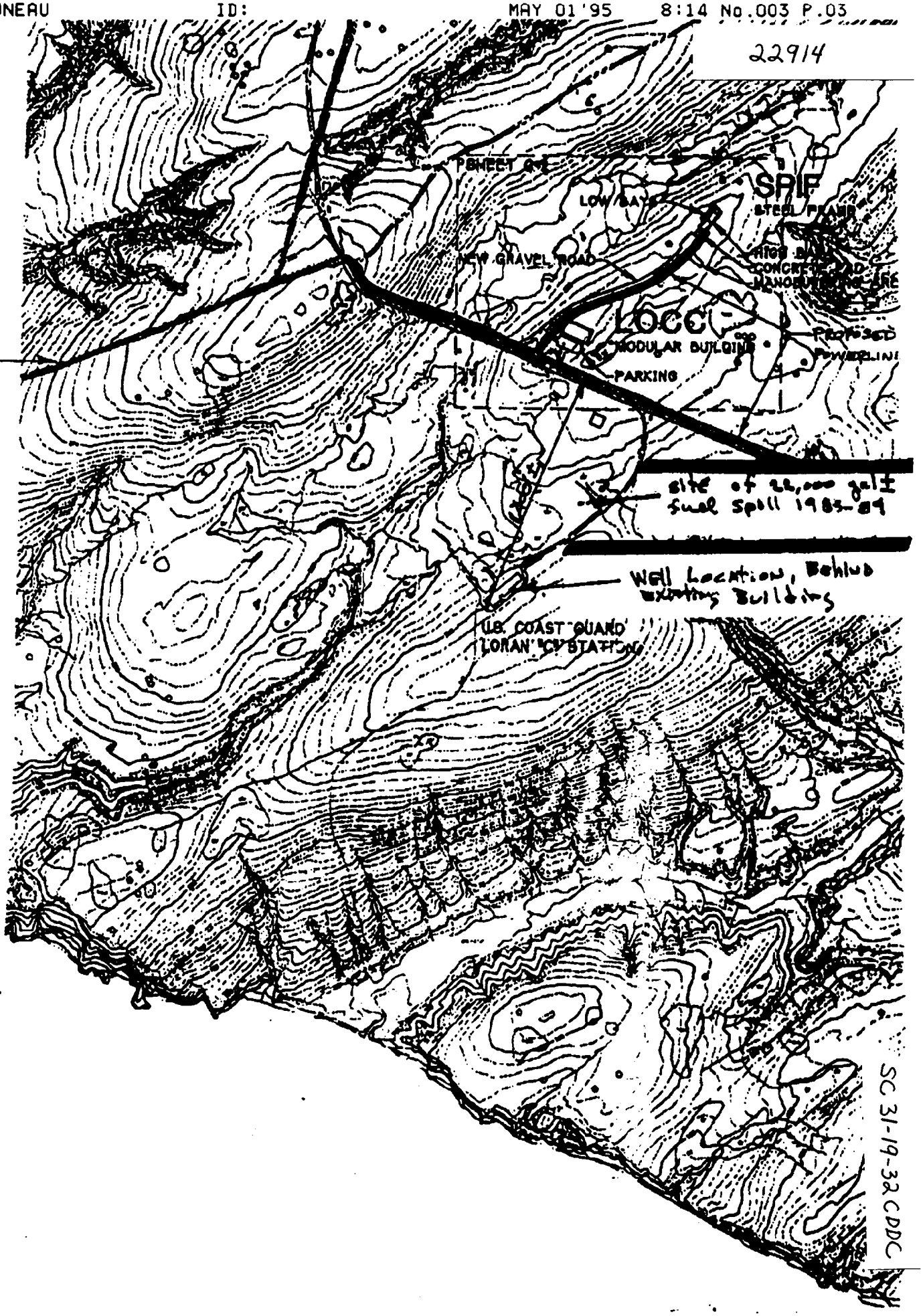
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Magnuson Drilling — AK 5385
Registered Business Name — Contract License Number
Address: POB 770504 Kodiak, Ak.
Date: Nov. 25, 1992

log received from Bill Petrik, DEC

SITE ID
LOCAL NO. SC 31-19-38 CDDC

22914



SC 31-19-32 CDDC