24099

# 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: 5 / 31 / 1996 Pump Install: ____/____/_____

| City/Borough | Subdivision | Block | Lot | Property Owner Name & Address |
|---|---|---|---|---|
| Municipality of Anchorage | | | | US DOD, AIR FORCE, ELMENDORF AFB ,HOSPITAL , |

**Well location: Latitude** _____ **Longitude** _____

Meridian S Township 013N Range 003W Section 12 , SW 1/4 of SW 1/4 of SW 1/4 of NW 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 |
|---|---|---|
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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: 510 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): 60 ft on____/____/_____ Artesian well ☐

Pumping level & yield: _____ feet after _____ hours at _____ 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: DOWL ENGINEERS.....

Mailing address:.....

City: _____ 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

24099

TW-3

SCALE: 1"=300'

Piezometer 1

Project Office

Piezometer 2

PW-2 280 ft

TW-4

Piezometer 3

Composite Medical Facility

TO INFIL-TRATION POND

MAN-MADE CREEK

Helipad

FOUNTAIN FOR COOLING WATER DISCHARGE

Piezometer 4

Central Plant

TW-1

TW-2

PW-3

PW-1 240

Piezometer 5

* Screened to +/- 240 ft, may be drilled deeper, but closed.

Walton Road

Piezometer 6

TW-3 515 ft deep

Piezometer 7

Piezometer 8

Oilwell Road

Figure 1

LOCATION OF WELLS

DOWL ENGRS / HOSPITAL WELLS / ELMENDORF AFB

OJECT NO 963-5289 AutoCAD FILEwells97.dwg DATE 6/20/97 DRAWN Dowl APPROVED

Golder Associates

ATTACHMENTS

LOCAL NO. SB 13-3-12 BCCC

SITE ID