

STATE OF ALASKA 24637 DEPARTMENT OF NATURAL RESOURCES DIVISION OF MINING, LAND & WATER Alaska Hydrologic Survey

WATER WELL LOG Revised 08/18/2016

Drilling Starte	ed:/	/	Comple	eted: <u>2 / 24 / 1974</u> Pump Install://				
City/Borough			Block	Lot Property Owner Name & Address				
Southwest Region REAA				Us Phs ,				
Well location: Latitude Longitude								
Meridian S Township 014S Range 059W Section 12 , 1/4 of								
BOREHOLE DATA: (from ground surface) Suggest T.M. Hanna's hydrogeologic classification system* https://my.ngwa.org/NC				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,				
SILT AND SAND		0	41	Heating, Geothermal Exploration, Other				
SAND AND GRAVEL		41	44	Fluids used:				
FRACTURED ROCK		44	100	Depth of hole: 100ft Casing stickup:ft				
				Casing type: inches Casing thickness: inches Casing depth: 44 ft				
				Liner type: Depth: ft Diameter:inches				
				Note: CASED TO 44 FT, OPEN HOLE, PERFS FROM 41 FT TO 44 FT				
				Well intake opening type: ☐ Open end,☐ Open hole, ☐ Other				
				Screen type:, Screen mesh size:				
				Screen start: ft, Screen stop: ft, Perforated Yes No				
			1	Perforation description: Perf from: ft, Perf to: ft				
				Gravel packed Yes No Gravel start: ft , Gravel stop: ft				
				Note:				
				Static water (from top of casing): 37 ft on/ Artesian well				
				Pumping level & yield: 42 feet after 60 hours at 45 gpm				
				Method of testing:				
			Development method: Duration: Recovery rate: gpm					
				Grout type: Volume				
				Depth: Fromft, Toft				
Include description or sketch of well location (include road names,			d names,	Final pump intake depth: ft Model:				
buildings, etc.):				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: US PHS				
				Mailing address:				
<u>.</u> .↑				City: State: AK Zip:				
North				Phone number: (
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:				Driller's signature:				
				Date:/				
				Anchorage Municipal Code 15.55.060(I) and North Pole Ordinance 13.32.030(D) require				
https://dnr.alaska.gov/welts/				that a copy of this well log be submitted to the Development Services Department/City within 30 days of well completion .				
OR email electronic well logs to				City Permit Number: Date of Issue://				
dnr.water.reports@alaska.gov				Parcel Identification Number:				

Ad towell

WELL LOG

U.S. PUBLIC HEALTH SERVICE, DIVISION OF INDIAN HEALTH

1						
LOCATION MANAKO +	at	•	AATT OMANDO / /	/- /- ·		
DATE COMPLETED 2/24/	55. 4875 74	per PHS databas	e Many	2/14		
TOTAL DEPTH OF WELL 100	FT. CASI	LIG INSTALLED	HU			
GROUT North SC	CREEN SIZE	M/ A	DIAM	ETER 6		
STATIC WATER LEVEL 3 7	HRS. PUMP	7 7 4 a 1	MFGLENGT	H		
STATIC WATER LEVEL 3		60 4	S GPH. DRAWDOW	N		
- I forther	DATE	DEPTH FROM - TO	FORIATION	DRILLE		
		·				
			·			
0-41 Silt & SAND						
5.1t & SAND 41-44 : SANDE GRAVIE SANDESINE						
11-44 Dand & Gravle	15 /z	-inch perfo	cations.			
51-56 Fractured Rock						
				LOCAL		
				1 ,		
				No. S		
96-100 Fractured Port				0		
				-141-		
SPECIAL NOTES:						
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				1 1		