



54142

**STATE OF ALASKA**  
**DEPARTMENT OF NATURAL RESOURCES**  
**DIVISION OF MINING, LAND & WATER**  
**WATER WELL LOG**

Drilling Started: 3/24/2011 Completed: 3/2/2011

|                                                          |                                               |       |         |                                |
|----------------------------------------------------------|-----------------------------------------------|-------|---------|--------------------------------|
| City/Borough:                                            | Subdivision:                                  | BLOCK | LOT     | Property Owner Name & Address: |
| Anchor Point                                             | Bailey Tr. T4S R15W<br>Sec 35 Seward Meridian | APC   | Tract C | Enstar                         |
| Kahai Peninsula                                          |                                               |       |         |                                |
| Meridian Township Range Section 1/4 of 1/4 of 1/4 of 1/4 |                                               |       |         |                                |

| BOREHOLE DATA: (from ground surface) Depth |         | Drilling method: <input checked="" type="checkbox"/> Air rotary, <input type="checkbox"/> Cable tool <input type="checkbox"/> Other       |  |
|--------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| Material: Type, Color & wetness            | From To | Well use: <input type="checkbox"/> Public supply, <input type="checkbox"/> Domestic, <input type="checkbox"/> Other                       |  |
| Brown dirt                                 | 0 16    | Depth of hole: <u>57</u> ft Casing stickup: <u>1.5</u> ft                                                                                 |  |
| Brown clay                                 | 16 30   | Casing type: <u>Steel</u> Thickness: <u>2.5</u> inches                                                                                    |  |
| Sandy gravel                               | 30 50   | Casing diameter: <u>6.25</u> inches Casing depth: <u>55</u> ft                                                                            |  |
| Gravel 13 yds                              | 50 57   | Liner type: _____ Diameter: _____ inches Depth: _____ ft                                                                                  |  |
|                                            |         | Note: _____                                                                                                                               |  |
|                                            |         | Static water (from top of casing): <u>12</u> ft on <u>1</u>                                                                               |  |
|                                            |         | Pumping level & yield: <u>26</u> feet after <u>2</u> hours at <u>12</u> gpm                                                               |  |
|                                            |         | Recovery rate: <u>12</u> gpm Method of testing: <u>L</u>                                                                                  |  |
|                                            |         | Development method: <u>Water</u> Duration: <u>3 hrs</u>                                                                                   |  |
|                                            |         | Well intake opening type: <input checked="" type="checkbox"/> Open end <input type="checkbox"/> Open hole Other: <input type="checkbox"/> |  |
|                                            |         | <input type="checkbox"/> Screened; Start: _____ ft. Stopped: _____ ft.                                                                    |  |
|                                            |         | Screen type: _____ Slot/mesh size: _____                                                                                                  |  |
|                                            |         | <input type="checkbox"/> Perforated; Start: _____ ft. Stopped: _____ ft.                                                                  |  |
|                                            |         | Start: _____ ft. Stopped: _____ ft.                                                                                                       |  |
|                                            |         | Gravel packed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No From <u>50</u> ft to <u>57</u> ft                       |  |
|                                            |         | Note: _____                                                                                                                               |  |
|                                            |         | Grout type: <u>50 ft</u> Volume: <u>Bentley's</u>                                                                                         |  |
|                                            |         | Depth from <u>0</u> ft to <u>29</u> ft                                                                                                    |  |
|                                            |         | Pump intake depth: _____ ft                                                                                                               |  |
|                                            |         | Pump size: _____ hp Brand name: _____                                                                                                     |  |
|                                            |         | Was well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |
|                                            |         | Method of disinfection: _____                                                                                                             |  |
|                                            |         | Driller comments/disclaimers: _____                                                                                                       |  |
|                                            |         | Well driller name: <u>T. H. Selkirk</u>                                                                                                   |  |
|                                            |         | Company name: <u>Handley Building Company</u>                                                                                             |  |
|                                            |         | Working address: <u>10 Box 56</u>                                                                                                         |  |
|                                            |         | City: <u>Anchor Point</u> State: <u>AK</u> Zip: <u>99506</u>                                                                              |  |
|                                            |         | Phone number: <u>(907) 235-1221</u>                                                                                                       |  |
|                                            |         | Driller's signature: _____                                                                                                                |  |
|                                            |         | Date: <u>3/2/2011</u>                                                                                                                     |  |

Alaska state law requires that a copy of this well log be forwarded to the Department of Natural Resources within 45 days (AK statutes 38.05.020, 38.05.021, 38.05.022, 46.15.020 and AK regulations 11 AAC 110.140). Fees are acceptable.

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 Anchorage, AK 99501-3502

Phone (907) 269-8639 and fax (907) 269-8640

If the well is within city limits, the City of Anchorage requires that a copy of this well log be forwarded to the city within 60 days and another copy of this log be forwarded to the owner of the property on which the well is located within 30 days.

City Permit Number: \_\_\_\_\_

Permit issued: \_\_\_\_\_

Permit expiration date: \_\_\_\_\_

Is this an approved permit location? Yes ☒ No ☐