43314

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

WATER WELL LOG Revised 08/18/2016

Drilling Started: 6 / 24 / 2016 Completed: 6 / 27 / 2016 Pump Install: ___/___/_____

City/Borough	Subdivision	Block	Lot	Property Owner Name & Address
Matanuska-Susitna Borough	NA		NA	GENESIS HOME RENOVATIONS PO BOX 870038 AK, 99687

Well location: Latitude 61.709816000000004 **Longitude** -149.115387
Meridian _____ Township _____ Range _____ Section _____ , _____ 1/4 of _____ 1/4 of _____ 1/4 of _____ 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
TOPSOIL AND ORGANICS	0	4
GRAY SANDY GRAVEL	4	9
MOIST BROWN SANDY GRAVEL	9	36
SATURATED SANDY GRAVEL	36	57
COARSE GRAVEL AND WATER	57	72

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

North

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: 72 ft Casing stickup: 3 ft
Casing type: STEEL Casing thickness: 0.25 inches
Casing diameter: _____ inches Casing depth: 72 ft
Liner type: _____ Depth: _____ ft Diameter: _____ inches
Note: _____

Well intake opening type: ☐ Open end, ☒ Open hole, ☐ Other open hole
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): 55 ft on 6 / 27 / 2016 Artesian well ☐
Pumping level & yield: _____ feet after 0.5 hours at 25 gpm
Method of testing: AIR LIFT
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: TRAVIS DENEVAN
Company name: PIONEER PEAK INDUSTRIES VALLEY WELL DRILLING
Mailing address: P.O. BOX 3253
City: PALMER State: AK Zip: 99645
Phone number: (07) 746 - 4555
Driller's signature: _____
Date: _____/_____/_____

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

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

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WATER WELL LOG

Drilling Started: 6 /24 /2016 Completed: 6 /27 /2016 Pump Install: ___/___/___

City/Borough:	Subdivision:	Block	Lot	Property Owner Name & Address:
Palmer/MatSu			B8	Genesis Home Renovations PO Box 870038 Wasilla AK 99687

Latitude 61° 42' 35.34" **Longitude** -149° 06' 55.41"
Meridian Seward Township 19N Range 2E Section 28 , ____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4

BOREHOLE DATA: (from ground surface)
Suggest T.M. Hanna's hydrogeologic classification system *
https://info.ngwa.org/servicecenter/shopper/ProductDetail.cfm?ProdCompanyPassed=ngw&ProdCdPassed=ngw-t1030

	Depth From	Depth To
Steel casing	0	3
Topsoil and organics	3	7
Gray sandy gravel	7	12
Moist brown sandy gravel	12	39
Saturated sandy gravel	39	60
Coarse gravel and water	60	75

Drilling method: ☒ Air rotary, ☐ Cable tool, ☐ Other ____
Well use: ☐ Public supply, ☒ Domestic, ☐ Reinjection, ☐ Hydrofracking
Fluids used: ____
☐ Other ____

Depth of hole: 75 ft, Casing stickup: 3 ft
Casing type: Steel Wall thickness .250 inches
Casing diameter: 6 inches Casing depth 75 ft
Liner type: None Depth: ____ ft Diameter: ____ inches

Well intake opening type: ☐ Open end, ☒ Open hole , ☐ Other
Screen type: ____, Assembly From: ____ ft, To ____ ft
Slot size ____ From: ____ ft, To ____ ft
Slot size ____ From: ____ ft, To ____ ft
☐ Perforation description ____ From: ____ ft, To ____ ft
From: ____ ft, To ____ ft From: ____ ft, To ____ ft
Gravel packed ☐ Yes ☒ No From ____ ft , To ____ ft

Static water (from top of casing): 55 ft on 6 /27 /2016
Pumping level & yield: ____ feet after ____ hours at ____ gpm
Method of testing: ____
Development method: Air lift Duration: 30 minutes
Recovery rate: 25 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: Travis Denevan
Company name: Pioneer Peak Industries LLC d/b/a Valley Well Drilling
Mailing address: PO Box 3253
City: Palmer State: AK Zip 99645
Phone number : (907) 746 - 4555
Driller's signature: Travis Denevan
Date: 6 /28 /2016

AS 41.08.020(b)(4) and AAC 11 AAC 93.140(a) require that a copy of the well log be forwarded to the Department of Natural Resources within 45 days of well completion. Please email well logs to:

dnr.water.reports@alaska.gov OR send to

Alaska DNR, MLW, Alaska Hydrologic Survey
550 West 7th Avenue, Suite 1020
Anchorage, AK 99501

Anchorage Municipal Code 15.55.060(I) requires that a copy of this well log be forwarded to the Development Services Department within 30 days of well completion.

City Permit Number: ____
Date of Issue: ___/___/___

Parcel Identification Number: ____-____-____

Is well located at approved permit location? ☐ Yes ☐ No

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