



Department of Natural Resources
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Division of Environmental Health, Drinking Water Program
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State
of
Alaska



Well Record of Decommissioning

This form is intended to convey information regarding the decommissioning of a water well as required by both DEC and DNR. Add additional datasheets as necessary

Well Decommissioner or Contractor		Well and Owner Particulars *	
Name: <u>WAYNE DEVORE</u>	Owner's name and address: <u>TRUDY TUSH</u>	Well location - Street & number: <u>1117 CHUGACH WAY, ANCHORAGE AK</u>	
Company: <u>GUARANTEED SERVICES</u>	Well location - Subdivision, Lot & Block: <u>ESTELLE SUBDIVISION LOT 2</u>	Meridian: _____ Township: _____ Range: _____ Section: _____ Quarters: _____	
Address: <u>1660707 CORONA DR</u>	GPS (to 5 places): Latitude: <u>61.18692</u> Longitude: <u>-149.90516</u> Datum: <u>LAT/LONG</u>		
(continued): <u>EAGLE RIVER AK 99577</u>	Well Name or Number: _____		
Phone: <u>907-830-8263</u>			
Email: <u>DEVOREAK@GMAIL.COM</u>			

Please check all boxes that apply and provide all requested information. Do not check boxes that do not apply. * Note, Do not enter locational information for public water supplies - see note **, below.

Details of Former Well		Former Well Description (Not required if original well log attached).	
Public water system? (See note **) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original Driller's Name: <u>UNKNOWN</u>	Well depth (ft bls): <u>50</u>	Date of completion: <u>UNKNOWN</u>
If so, PWSID number: <u>221602</u>	Well Type	Static water (ft bls): <u>40</u>	Flowing artesian? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
Single Family Domestic? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Drilled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bedrock (ft bls): <u>UNK</u>	Flood prone site? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
Commercial/ Fishery? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Driven? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Casing type: <u>STEEL</u>	Well condition? <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor. N/A Unknown
Irrigation/Agricultural? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Jetted? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Diameter (inches): <u>6</u>	Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. N/A Unknown
Heating / Cooling? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Dug? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Stickup (ft): <u>3</u>	Well house? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
	Unknown? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Well liner present? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	

** Public Water System decommissioning may require additional documentation, please contact DEC in this regard.

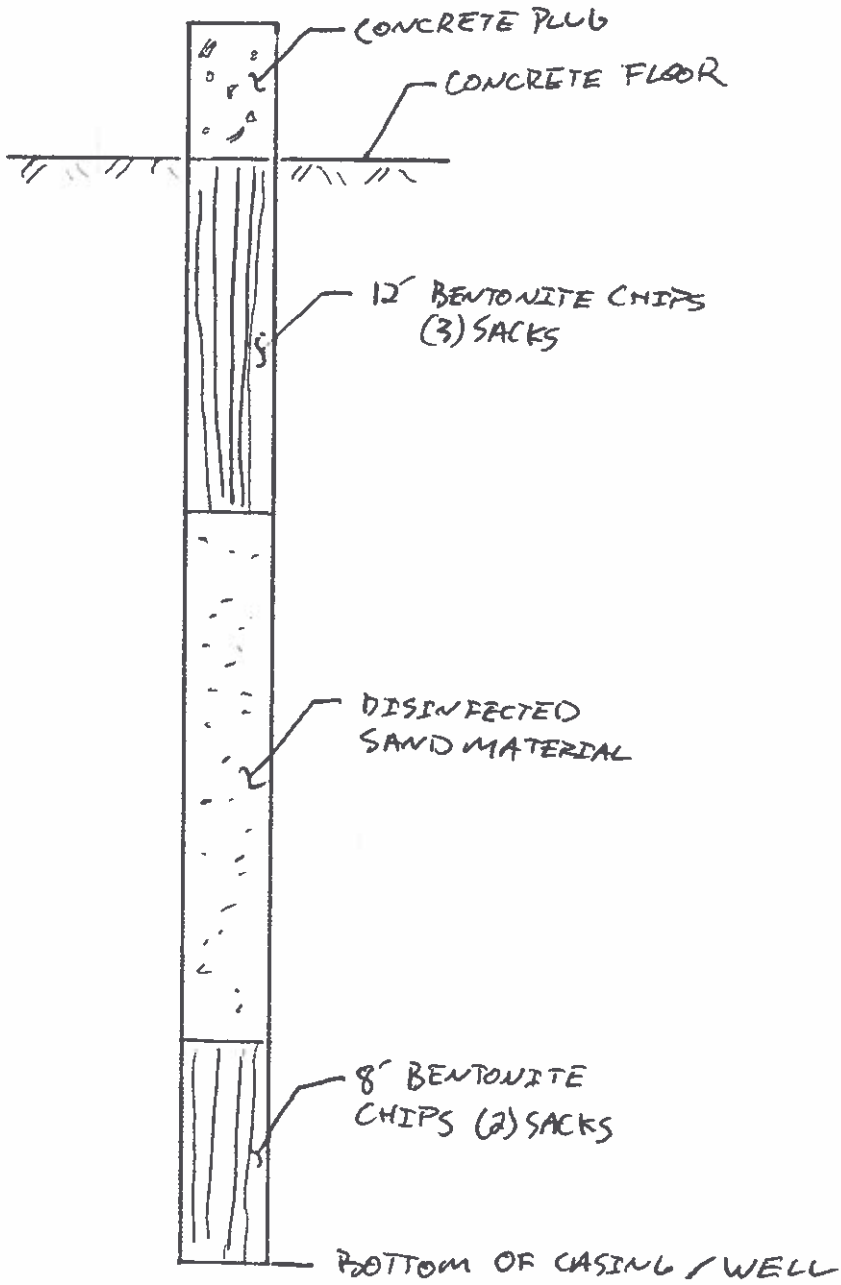
Decommissioning notes:	Reason for well decommissioning:	Decommissioning process	
Include notes regarding any deviations from state approved methods of decommissioning the well.	<u>SWITCH TO AWWC PUBLIC WATER</u>	Casing cut below grade? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	Well disinfected prior to decommissioning? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. N/A Unknown
<u>* WELL IS LOCATED IN PIT IN BUILDING. SEE PHOTOS.</u>		Casing fully removed? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	Plumbing removed from casing? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
<u>ABANDONED PER AK BMPs DATED 1/23/17</u>		Casing filled with bentonite? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. N/A Unknown	Liner (if any) removed? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
	Excavation and Fill Details	Casing welded closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. N/A Unknown	Electric wiring removed from site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. N/A Unknown
	Excavation Depth (ft)? _____	Borehole refilled? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	Attached an original well log? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
	Type of fill used? _____	Screened area filled with gravel? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	Well log listed at DNR? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
	Volume of fill (cu ft)? _____	Perforated area filled with gravel? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	Local authorities notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. N/A Unknown
	# Bags of bentonite in casing? <u>5</u>	Excavated pit refilled? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	DEC notified of decommissioning? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown
		Pit area mounded? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown	DNR notified of decommissioning? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A Unknown

Signatures (** = are required)	
Owner: <u>Trudy Tush</u>	Decommissioner / Contractor: <u>Chad Devore</u>
Date: <u>5/10/2018</u>	Date: <u>5/10/2018</u>

- 1) Deliver this form to DNR and DEC within 45 days of decommissioning, as per state regulations 11 AAC 93.140.
- 2) Attach an original water well log, if available. A blank water well log form is available for use if the lithology and well construction details are known but the original water well log is missing.
- 3) Attach any maintenance or water usage records that may apply to this well and provide an adequate locational description, including maps or sketches. Use additional pages as needed.
- 4) This form is under development and is subject to change. Please submit suggestions for changes or improvements to either DNR or DEC at the addresses listed above.

Please attach schematics and photos to further document the information provided on this form. This is particularly important for public water supply wells and also any other wells that might impact the public water supply.

CLIENT	JOB NO.	
PROJECT	SHEET	OF
DESCRIPTION	DESIGNER	DATE
	CHECKER	DATE



ESTELLE LOT 2 PUBLIC WELL, 22 16902.