

WATER WELL RECORD
STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
Division of Geological & Geophysical Surveys

LOCATION OF WELL (Please complete either 1a, 1b or 1c.)

Drilling Permit No. LA56932A.D.L. No. LA56932

1a. Borough <u>Mat-Si</u>	Subdivision <u>Little Su</u>	Lot <u>4</u>	Block <u>1</u>	1b. 1/4 qtrs. — of — of — of —	Section No.	Township N ☐ S ☐	Range E ☐ W ☐	Meridian
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1c. DISTANCE AND DIRECTION FROM ROAD INTERSECTIONS

Street Address and Area of Well Location

3. OWNER OF WELL:

JAMES PLUMLEY
 Address: PO BOX EAGLE RIVER

2. WELL LOG

Material Type

Feet Below Surface

Top

Bottom

1	GRAVEL SAND	0	9
2	PEA GRAVEL SAND	9	14
3	PEA GRAVEL SAND damp	14	18
4	GRAVEL COAL WATER	18	23
5	CYAL	23	24
6	SAND STONE	24	29
7	GRAVEL WATER	29	32
8	SAND STONE	32	67
9	SAND STONE HARD PAN	67	129
10	GRAVEL SAND WATER 1gal	129	134
11	HARD PAN	134	139
12	GRAVEL WATER 1gal	139	141
13	HARD PAN	141	161
14	COAL WATER	161	164

4. WELL DEPTH: (final)

164 ft.

5. DATE OF COMPLETION

11-14-83

6. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Auger ☐ Jetted ☐ Bored ☐ Other:

7. USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Recharge ☐ Commercial
☐ Test Well ☐ Other:

8. CASING: ☐ Threaded ☒ Welded
 diam. 6 in. to 67 ft. Depth Weight 17 lbs./ft.
 diam. _____ in. to _____ ft. Depth Stickup (2) ft.

9. FINISH OF WELL:

Type: OPEN HOLE Diameter: 6"

Slot/Mesh Size: _____ Length: _____

Set between _____ ft. and _____ ft.

Backfilling _____ Gravel pack _____

10. STATIC WATER LEVEL: 17 ft.11/14/83☐ Above or ☒ Below land surface

Date

Equipment used: Static Meter

11. PUMPING LEVEL below land surface and YIELD

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

12. GROUTING Well Grouted: ☐ Yes ☒ NoMaterial: ☐ Neat Cement ☐ Other:

13. PUMP: (if available) HP _____

Length of Drop Pipe _____ ft. capacity _____ g.p.m.

☐ Subm. ☐ Jet ☐ Centrifical ☐ Other14. REMARKS: Perforated Well 28-3328-33

16. WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief;

Registered Business Name

Contract License Number

Address: 1029 Edwards Anchorage AKSigned: Barb Buller
Authorized RepresentativeDate: 11-14-83

Lois

A1

MSB

WA 2 Tax Insp
TISN, RIE, SM

SA 18-1-2

