



STATE OF ALASKA 51456
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND & WATER
Alaska Hydrologic Survey

WATER WELL LOG Revised 08/18/2016

Drilling Started: ____/____/____ Completed: 2 / 24 / 2016 Pump Install: ____/____/____

City/Borough	Subdivision	Block	Lot	Property Owner Name & Address
	Whitestone Farms		NA	Whitestone Farms AK,

Well location: Latitude 64.1538162 Longitude -145.885864
Meridian F Township 009S Range 009E Section 12 NW 1/4 of SW 1/4 of NE 1/4 of NE 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	To
Dirt/silt	0	16
Gravel	16	20
Silt/clay	20	26
Gravel	26	30
Sand and water	30	35
Sandy brown gravel/water	35	46
Gray brown coarse gravel/boulders/water	46	63
Schist rock and gravel, yellow water	63	65
Sandy brown muck and sand	65	70

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

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: 70 ft Casing stickup: 3 ft
Casing type: Steel Casing thickness: 0.25 inches
Casing diameter: 6 inches Casing depth: 63 ft
Liner type: _____ Depth: _____ ft Diameter: _____ inches

Note: _____
Well intake opening type: ☒ Open end, ☐ Open hole, ☐ Other open end
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): 32.5 ft on 2 / 24 / 2016 Artesian well ☐
Pumping level & yield: 32.5 feet after 6 hours at 50 gpm
Method of testing: Test Pump
Development method: Air surge Duration: 1.5 hours
Recovery rate: _____ gpm

Grout type: Benséal Volume 2.25 ft3
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: _____
Company name: ARCTIC DRILLING
Mailing address: P.O. BOX 58317
City: FAIRBANKS State: AK Zip: 99711
Phone number: (907) 451 - 8706

Driller's signature: _____
Date: ____/____/____

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: _____ - _____ - _____

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

ARCTIC DRILLING, INC.
P.O. BOX 58317
FAIRBANKS, ALASKA 99711
Phone: (907) 451-8706 Fax: (907) 452-4465

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND & WATER
WATER WELL RECORD

Drilling Started: ____/____/____, Completed: ____/____/____

Legal Description:		BLOCK	LOT	Property Owner Name & Address:
City/Borough:	Subdivision:			
Meridian _____ Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4 of _____ 1/4				
BOREHOLE DATA: (from ground surface)		Depth		
Material: Type, Color & wetness		From	To	
				Drilling method: <input type="checkbox"/> Air rotary, <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____
				Well use: <input type="checkbox"/> Public supply, <input type="checkbox"/> Domestic, <input type="checkbox"/> Other _____
				Depth of hole: _____ ft, Casing stickup: _____ ft
				Casing type: _____ Thickness _____ inches
				Casing diameter: _____ inches Casing depth _____ ft
				Liner type: _____ Diameter: _____ inches Depth: _____ ft
				Static water (from top of casing): _____ ft on ____/____/____
				Pumping level & yield: _____ feet after _____ hours at _____ gpm
				Recovery rate: _____ gpm, Method of testing: _____
				Development method: _____ Duration: _____
				Well intake opening type: <input type="checkbox"/> Open end <input type="checkbox"/> Open hole
				<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
				Note:
				Grout type: _____ Volume _____
				Depth; from _____ ft, to _____ ft
				Pump intake depth: _____ ft
				Pump size _____ hp Brand name _____
				Was well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Method of disinfection:
				Driller comments/ disclaimers:
			
			
			
				Well driller name:
				Company name:
				Mailing address:
				City: _____ State: <u>AK</u> Zip _____
				Phone number : (_____) _____ - _____
				Drillers signature:
				Date: ____/____/____

State law requires that a copy of this well log be submitted to the state of Alaska within 45 days. **CITY OF ANCHORAGE ONLY**

(Alaska statutes: 38.05.020, 38.05.035, 41.08.020, 46.15.020 and regulations 11 AAC 93.140.)

DNR/DIVISION OF MINING, LAND & WATER
550 West 7th Ave., Suite 900A
ANCHORAGE AK 99501-3577
Phone (907)269-8503, Fax (907) 269-8947

The City of Anchorage requires that a copy of this log be sent to the city within 60 days and a copy of this log be sent to the owner of the property on which the well is located within 30 days.

REQUIRED BY THE CITY OF ANCHORAGE ONLY:

Permit Number: _____
Date of Issue: ____/____/____
Parcel Identification Number: _____ - _____ - _____
Is well located at approved permit location? ☐ Yes ☐ No