55655

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

WATER WELL LOG Revised 08/18/2016

Drilling Started: 5 / 7 / 2019 Completed: 5 / 8 / 2019 Pump Install: ___/___/_____

City/Borough	Subdivision	Block	Lot	Property Owner Name & Address
Kodiak Island Borough	CLIFF POINT EST OCEANFRONT ADN #2		30	Cliff Point Estates AK,

Well location: Latitude 57.7220154 **Longitude** -152.457703

Meridian S Township 028S Range 020W Section 25 , NE 1/4 of SE 1/4 of SW 1/4 of NW 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
Overburden	0	8
Broken cobbles shale	8	16
Quartz-shale, bedrock	16	20
Grey-quartz hard shale	20	64
Broken hard vertical shale	64	78
Semi soft black shale with mixed quartz	78	156
Very hard grey shale	156	200

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: 200 ft Casing stickup: 2 ft

Casing type: Steel Casing thickness: 0.025 inches

Casing diameter: 6 inches Casing depth: 20 ft

Liner type: NA Depth: ____ ft Diameter: ____ inches

Note: OPEN HOLE

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): 21 ft on 5 / 11 / 2019 Artesian well ☐

Pumping level & yield: _____ feet after _____ hours at _____ gpm

Method of testing: airlift

Development method: air Duration: 1.5

Recovery rate: 3.5 gpm

Grout type: NA 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: Chlorine

Was water quality tested? ☐ Yes ☒ No

Water quality parameters tested: _____

Well driller name: Jim Ashford

Company name: MILL BAY DRILLING

Mailing address: P.O. BOX 703

City: KODIAK State: AK Zip: 99615

Phone number: (07) 986 - 5430

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

WELL LOG ID 55655

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

WATER WELL LOG Revised 08/18/2016

Drilling Started: ____/____/_____ Completed: ____/____/_____ Pump Install: ____/____/_____

City/Borough	Subdivision	Block	Lot	Property Owner Name & Address

Well location: Latitude _____ **Longitude** _____

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

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

North

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

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: _____ ft Casing stickup: _____ft
Casing type: _____ Casing thickness: _____ inches
Casing diameter: _____ inches Casing depth: _____ ft
Liner type: _____ Depth: _____ ft Diameter: _____inches
Note: _____

Well intake opening type: ☐ Open end, ☐ Open hole, ☐ Other _____
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): _____ ft on____/____/_____ Artesian well ☐
Pumping level & yield: _____ feet after _____ hours at _____ gpm
Method of testing:_____
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: .....
Company name: .....
Mailing address:.....
City: _____ State: AK Zip: _____
Phone number: (_____) _____- _____
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: _____-_____-_____

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