



STATE OF ALASKA 6298
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF MINING, LAND & WATER
 Alaska Hydrologic Survey

WATER WELL LOG Revised 08/18/2016

Drilling Started: ____ / ____ / ____ Completed: 11 / 1 / 1938 Pump Install: ____ / ____ / ____

City/Borough	Subdivision	Block	Lot	Property Owner Name & Address
Fairbanks North Star Borough				FE CO ,

Well location: Latitude _____ Longitude _____
 Meridian F Township 001N Range 001W Section 25 , SW 1/4 of NE 1/4 of NE 1/4 of NE 1/4 of NE

BOREHOLE DATA: (from ground surface)

Suggest T.M. Hanna's hydrogeologic classification system*
https://my.ngwa.org/NC_Product?id=a18500000BYub3AAD

Depth
From _____ To _____

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: 150 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: FE CORPORATION

Mailing address: _____

City: _____ State: AK Zip: _____

Phone number: (_____) _____ - _____

Driller's signature: _____

Date: _____ / _____ / _____

Anchorage Municipal Code 15.55.060(l) 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

6298

CQ
D-2
6:31

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

WELL SCHEDULE

Date Pluvé W143, 19 1950 Field No. 150
 Record by FECO project hole (116FECO) Office No.
 Source of data: GQ 110 Pluvé #1C4

McGrath Rd

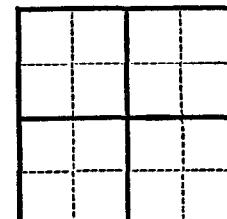
1: Location: State _____ County _____

Map 7x 82NE 1/4 NE 1/4 sec. 25 T 1 N S R 1 E (W) Fm2. Owner: FECO Address 7x

Tenant _____ Address _____

Driller FECO Address _____

3. Topography _____

4. Elevation 621 ft. above _____5. Type: Dug, drilled, driven, bored, jetted 11.19.386. Depth: Rept. 150 ft. Meas. _____ ft.

7. Casing: Diam. _____ in., to _____ in., Type _____

Depth _____ ft., Finish _____

8. Chief Aquifer _____ From _____ ft. to _____ ft.

Others _____

9. Water level _____ ft. rept. _____ meas. _____ 19 above
below _____ which is _____ ft. above surface F
D10. Pump: Type _____ Capacity _____ G. M. 1
Power: Kind _____ Horsepower _____11. Yield: Flow _____ G. M., Pump _____ G. M., Meas., Rept. Est. _____
Drawdown _____ ft. after _____ hours pumping _____ G. M. 312. Use: Dom., Stock, PS., RR., Ind., Irr., Obs. _____
Adequacy, permanence _____13. Quality _____ Temp. _____
Taste, odor, color _____ Sample Yes _____
Unfit for _____ No _____14. Remarks: (Log, Analyses, etc.) 0-150 organic silt;
permafrost 4-120 feet
no bedrock encountered