



6298

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: 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

<p>BOREHOLE DATA: (from ground surface) Suggest T.M. Hanna's hydrogeologic classification system* https://my.ngwa.org/NC_Product?id=a18500000BYub3AAD</p> <table style="width: 100%; text-align: center;"> <tr> <th colspan="3">Depth</th> </tr> <tr> <th style="width: 50%;">From</th> <th style="width: 10%;">To</th> <th style="width: 40%;"></th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Depth			From	To																																																																										<p>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"/> Reinjection, <input type="checkbox"/> Hydrofracking <input type="checkbox"/> Commercial, <input type="checkbox"/> Observation/Monitoring, <input type="checkbox"/> Test/Exploratory, <input type="checkbox"/> Cooling, <input type="checkbox"/> Irrigation/Agriculture, <input type="checkbox"/> Grounding, <input type="checkbox"/> Recharge/Aquifer Storage, <input type="checkbox"/> Heating, <input type="checkbox"/> Geothermal Exploration, <input type="checkbox"/> 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: <input type="checkbox"/> Open end, <input type="checkbox"/> Open hole, <input checked="" type="checkbox"/> Other _____ Screen type: _____, Screen mesh size: _____ Screen start: _____ ft, Screen stop: _____ ft, Perforated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforation description: _____ Perf from: _____ ft, Perf to: _____ ft, Perf to: _____ ft, Perf to: _____ ft Gravel packed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gravel start: _____ ft, Gravel stop: _____ ft Note: _____ Static water (from top of casing): _____ ft on ___/___/___ Artesian well <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method of disinfection: _____ Was water quality tested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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(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: _____ - _____ - _____</p>
Depth																																																																															
From	To																																																																														

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

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

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

6298

9-185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

CQ
D-2
6:31

WELL SCHEDULE

McGrath Rd

Date Pine W143, 19____ Field No. 150
Record by FECo prospect hole (L16FEO) Office No. _____
Source of data GQ110 Pine #104

1. Location: State _____ County _____

Map 7x22
NE 1/4 NE 1/4 sec. 25 T 1 N R 1 E 1/4 W 1/4

2. Owner: FECo Address 7x
Tenant _____ Address _____
Driller FECo Address _____

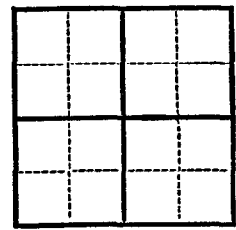
3. Topography _____

4. Elevation 621 ft. above _____ below _____

5. Type: Dug, drilled, driven, bored, jetted 111938

6. 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. _____ 19____ above _____ below _____
meas. _____ which is _____ ft. above _____ below _____ surface

10. Pump: Type _____ Capacity _____ G. M. _____
Power: Kind _____ Horsepower _____

11. Yield: Flow _____ G. M., Pump _____ G. M., Meas., Rept. Est. _____
Drawdown _____ ft. after _____ hours pumping _____ G. M.

12. Use: Dom., Stock, PS., RR., Ind., Irr., Obs. _____
Adequacy, permanence _____

13. Quality _____ Temp _____ °F
Taste, odor, color _____ Sample Yes _____ No _____
Unfit for _____

14. Remarks: (Log, Analyses, etc.) 0-150 organic silt;
Permafrost 4-120 feet
no bedrock encountered

FB 1-1-2
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5 AAAC 1-2
147384501