



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

WATER WELL LOG

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

City/Borough:	Subdivision:	Block	Lot	Property Owner Name & Address:

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://info.ngwa.org/servicecenter/shopper/ProductDetail.cfm?ProdCompanyPassed=ngw&ProdCdPassed=ngw-t1030>

Depth
From To

Drilling method: ☐ Air rotary, ☐ Cable tool, ☐ Other _____
Well use: ☐ Public supply, ☐ Domestic, ☐ Reinjection, ☐ Hydrofracking
Fluids used: _____
☐ Other _____

Depth of hole: _____ ft, Casing stickup: _____ ft
Casing type: _____ Wall thickness _____ inches
Casing diameter: _____ inches Casing depth _____ ft
Liner type: _____ Depth: _____ ft Diameter: _____ inches

Well intake opening type: ☐ Open end, ☐ Open hole, ☐ Other _____
Screen type: _____, Assembly From: _____ ft, To _____ ft
Slot size _____ From: _____ ft, To _____ ft
Slot size _____ From: _____ ft, To _____ ft
☐ Perforation description _____ From: _____ ft, To _____ ft
From: _____ ft, To _____ ft From: _____ ft, To _____ ft
Gravel packed ☐ Yes ☐ No From _____ ft, To _____ ft

Static water (from top of casing): _____ ft on ____/____/____
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: ____/____/____

AS 41.08.020(b)(4) and AAC 11 AAC 93.140(a) require that a copy of the well log be forwarded to the Department of Natural Resources within 45 days of well completion. Please email well logs to:

dnr.water.reports@alaska.gov OR send to

Alaska DNR, MLW, Alaska Hydrologic Survey
550 West 7th Avenue, Suite 1020
Anchorage, AK 99501

Anchorage Municipal Code 15.55.060(l) requires that a copy of this well log be forwarded to the Development Services Department within 30 days of well completion.

City Permit Number: _____
Date of Issue: ____/____/____

Parcel Identification Number: _____ - _____ - _____

Is well located at approved permit location? ☐ Yes ☐ No