



# WATER WELL LOG

Drilling Started: 8/27/25, Completed: 8/28/25

|                                                                                                                                |                         |          |          |                                |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------|----------|--------------------------------|
| City/Borough:                                                                                                                  | Subdivision:            | BLOCK    | LOT      | Property Owner Name & Address: |
| MCCARTHY<br>(UNINCORPORATED)                                                                                                   | WRANGELL MTN<br>ESTATES | <u>I</u> | <u>4</u> | <b>ELI POTTER<br/>MCCAETHY</b> |
| Meridian <u>CRM</u> Township _____ Range <u>13E</u> Section <u>34</u> , T <u>5S</u> 1/4 of _____ 1/4 of _____ 1/4 of _____ 1/4 |                         |          |          |                                |

| BOREHOLE DATA: (from ground surface) Depth |           |           | Drilling method: <input type="checkbox"/> Air rotary, <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____            |  |
|--------------------------------------------|-----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| Material: Type, Color & wetness            | From      | To        | Well use: <input type="checkbox"/> Public supply, <input type="checkbox"/> Domestic, <input type="checkbox"/> Other _____                 |  |
| SAND                                       | <u>0</u>  | <u>10</u> | Depth of hole: <u>40</u> ft, Casing stickup: <u>2</u> ft                                                                                  |  |
| SAND & GRAVEL                              | <u>10</u> | <u>20</u> | Casing type: <u>STEEL</u> Thickness <u>250</u> inches                                                                                     |  |
| SAND & GRAVEL                              | <u>20</u> | <u>25</u> | Casing diameter: <u>6</u> inches Casing depth <u>40</u> ft                                                                                |  |
| SAND, GRANUL WATER                         | <u>25</u> | <u>30</u> | Liner type: _____ Diameter: _____ inches Depth: _____ ft                                                                                  |  |
| SAND, GRAVEL - WATER                       | <u>30</u> | <u>35</u> | Note: _____                                                                                                                               |  |
| SILT, GRAVEL - WATER                       | <u>35</u> | <u>40</u> | Static water (from top of casing): <u>14</u> ft on <u>8/29/25</u>                                                                         |  |
|                                            |           |           | Pumping level & yield: <u>18</u> feet after <u>3</u> hours at <u>10</u> gpm                                                               |  |
|                                            |           |           | Recovery rate: <u>20</u> gpm, Method of testing: <u>PUMP</u>                                                                              |  |
|                                            |           |           | Development method: _____ Duration: _____                                                                                                 |  |
|                                            |           |           | Well intake opening type: <input checked="" type="checkbox"/> Open end <input type="checkbox"/> Open hole, Other <input type="checkbox"/> |  |
|                                            |           |           | <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                                                                                                         |  |
|                                            |           |           | Gravel packed <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ ft to _____ 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: _____<br>_____<br>_____                                                                                    |  |
|                                            |           |           | Well driller name: <u>LUKE DEMIENTIEFF JR</u>                                                                                             |  |
|                                            |           |           | Company name: <u>LUKE N-SONS INC.</u>                                                                                                     |  |
|                                            |           |           | Mailing address: <u>865 STAR DRIVE</u>                                                                                                    |  |
|                                            |           |           | City: <u>NORTH POLE</u> State: <u>AK</u> Zip: <u>99705</u>                                                                                |  |
|                                            |           |           | Phone number: ( <u>907</u> ) <u>251</u> - <u>1788</u>                                                                                     |  |
|                                            |           |           | Drillers signature: <u>[Signature]</u>                                                                                                    |  |
|                                            |           |           | Date: <u>9</u> / <u>1</u> / <u>25</u>                                                                                                     |  |

Alaska state law requires that a copy of this well log be forwarded to the Department of Natural Resources within 45 days (AK statutes 38.05.020, 38.05.035, 41.08.020, 46.15.020 and AK regulations 11 AAC 93.140). Faxes are acceptable.

**Alaska DNR, Division of Mining, Land and Water,  
550 W 7<sup>th</sup> Avenue, Suite 1020  
Anchorage, AK 99501-3562**

**Phone (907)269-8639 and fax (907)269-8947**

If the well is within city limits, the City of Anchorage requires that a copy of this well log be forwarded to the city within 60 days and another copy of this log be forwarded to the owner of the property, on which the well is located, within 30 days.

City Permit Number: \_\_\_\_\_  
Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parcel Identification Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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