



**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

<p>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</p>	<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 Fluids used: _____ <input type="checkbox"/> Other _____</p>
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	Depth		From	To	
					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: <input type="checkbox"/> Open end, <input type="checkbox"/> Open hole, <input type="checkbox"/> Other _____
					Screen type: _____, Assembly From: _____ ft, To _____ ft
					Slot size _____ From: _____ ft, To _____ ft
					Slot size _____ From: _____ ft, To _____ ft
					<input type="checkbox"/> Perforation description _____ From: _____ ft, To _____ ft
					From: _____ ft, To _____ ft From: _____ ft, To _____ ft
					Gravel packed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Method of disinfection: _____
					Was water quality tested? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Water quality parameters tested: _____
					Well driller name: _____
					Company name: _____
					Mailing address: _____
					City: _____ State: <u>AK</u> 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

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