

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

Drilling Started: 7 / 1 / 2009, Completed: 7 / 1 / 2009

City/Borough:	Subdivision:	BLOCK	LOT	Property Owner Name & Address:
	Wrangle Mountain Est	2	7	Carmen Russo, Box MXY, Glennallen, AK 99588-8998
Meridian _____	Township _____	Range _____	Section _____	1/4 of _____ 1/4 of _____ 1/4 of _____ 1/4
<b>BOREHOLE DATA:</b> (from ground surface) <b>Depth</b>				Drilling method: <input checked="" type="checkbox"/> Air rotary, <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____
Material: Type, Color & wetness				Well use: <input type="checkbox"/> Public supply, <input checked="" type="checkbox"/> Domestic, <input type="checkbox"/> Other _____
		From	To	
Black dry topsoil		0	1	Depth of hole: <u>40</u> ft, Casing stickup: <u>2</u> ft
Brown dry gravel		1	10	Casing type: <u>ASTM</u> Thickness <u>.250</u> inches
Brown sand/gray wet		10	20	Casing diameter: <u>6</u> inches Casing depth <u>40</u> ft
Gray wet clay		20	30	Liner type: <u>N/A</u> Diameter: _____ inches Depth: _____ ft
Brown gravel/gray watery		30	40	Note: _____
				Static water (from top of casing): <u>20</u> ft on <u>7 / 1 / 2009</u>
				Pumping level & yield: _____ feet after _____ hours at _____ gpm
				Recovery rate: <u>4</u> gpm, Method of testing: <u>air rotary</u>
				Development method: _____ Duration: <u>1hr</u>
				Well intake opening type: <input checked="" type="checkbox"/> Open end <input type="checkbox"/> Open hole, <input type="checkbox"/> Other <input type="checkbox"/>
				<input type="checkbox"/> Screened; Start: <u>N/A</u> ft, Stopped _____ ft
				Screen type: _____ Slot/mesh size _____
				<input type="checkbox"/> Perforated; Start: <u>N/A</u> ft, Stopped _____ ft
				Start: _____ ft, Stopped _____ ft
				Gravel packed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ ft to _____ ft
				Note: _____
				Grout type: <u>N/A</u> Volume _____
				Depth; from _____ ft, to _____ ft
				Pump intake depth: <u>N/A</u> ft
				Pump size _____ hp Brand name _____
				Was well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Method of disinfection: _____
				Driller comments/ disclaimers: _____
				_____
				_____
				Well driller name: <u>Paul J Barr</u>
				Company name: <u>Sourdough Drilling</u>
				Mailing address: <u>PO Box 721</u>
				City: <u>Soldotna</u> State: <u>AK</u> Zip <u>99669</u>
				Phone number: ( <u>907</u> ) <u>262</u> - <u>5494</u>
				Drillers signature: <u>Paul J. Barr</u>
				Date: <u>8 / 25 / 09</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

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