

Dawn Village

Block 2

Lot 5

#014-061-43

DAILY DRILLING LOG
PENN JERSEY DRILLING CO.

77016

2833 East 72nd Avenue Anchorage, Alaska 99502 344-2612

OWNER OF LAND: Allen Pedersen
 ADDRESS: East 60th. Ave.
 WELL-SITE: Dawn Village Lot 5 Blk. 2
 DATE-STARTED: 4-22-77
 DATE-ENDED: 4-22-77
 DEPTH OF WELL: 97'
 STATIC LEVEL OF WATER FT: 37'
 DRAW DOWN FT:
 GALS. PER HR: 70 GPH
 KIND OF CASING: 6-inch welded

KIND OF FORMATION:

FROM	FT. TO	DESCRIPTION	FROM	FT. TO	DESCRIPTION
FROM 0	FT. TO 1	FT. Topsoil	FROM	FT. TO	FT.
FROM 1	FT. TO 10	Br. Sand & Gravel	FROM	FT. TO	FT.
FROM 10	FT. TO 40	FT. GRY Sand & Gravel	FROM	FT. TO	FT.
FROM 40	FT. TO 62	FT. GRY Clay, Sand & Gravel (damp)	FROM	FT. TO	FT.
FROM 62	FT. TO 74	FT. GRY Galy Gravel Sand	FROM	FT. TO	FT.
FROM 74	FT. TO 83	FT. GRY Clay & Gravel & a little water	FROM	FT. TO	FT.
FROM 83	FT. TO 95	FT. GRY CLAY Sand & Gravel	FROM	FT. TO	FT.
FROM 95	FT. TO 97	FT. GRY Sand Gravel & (damp)	FROM	FT. TO	FT.
FROM 97	FT. TO	FT. Water	FROM	FT. TO	FT.

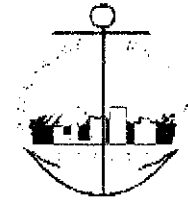
MISC. INFORMATION:
 Well #3.

DRILLER'S NAME: Larry Jr. Tin & Nancy Schaefer



Mark Begich
Mayor

Development Services Department
Building Safety Division
On-Site Water & Wastewater Program
4700 Bragaw Street
P.O. Box 135380
Anchorage, AK 99512-6650
www.cityofanchorage.gov/awps
(907) 343 7904



Pump Installation Log

Well Drilling Permit Number: SW _____

Date of Issue: _____

Parcel Identification Number: _____

014-061-43

<p>Legal Description DAWN VILLAGE B-2 L-5</p>	<p>Property Owner Name & Address: Robert Roehl 6721 Teshtar Anch, Ak 99507</p>
<p>Pump Installation Date: 10/10/12</p> <p>Pump Intake Depth Below Top of Well Casing: 134 feet</p> <p>Pump Manufacturer's Name: AYM 30F311-7M</p> <p>Pump Model: AY-McDONALD</p> <p>Pump Size 1/2 hp</p> <p>Fitless Adapter Burial Depth: 10 feet</p> <p>Fitless Adapter Manufacturer's Name: MIDWEST</p> <p>Fitless Adapter Installer: N/A</p> <p>Well Disinfected Upon Completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of Disinfection: Cl² Pottolow</p> <p>Comments:</p>	
<p>Pump Installer Name: STEVE HAYDEN @ AWPS</p>	

Attention: The pump installer shall provide a pump installation log to the DSD within 30 days of pump installation.

MUNICIPALITY OF ANCHORAGE
DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION
2516 E. TUDOR RD., ANCHORAGE, AK. 99507
276-2221

WELL PERMIT

PERMIT NO. (77016)

APPLICANT PETERSON CONSTRUCTION SRA BOX 1718X 344-8638
LOCATION TESHCAR ST
LEGAL L5 B2 DAWN VILLAGE LOT SIZE 10000 SQUARE FEET

MINIMUM DISTANCE BETWEEN A WELL AND ANY ON-SITE SEWAGE DISPOSAL SYSTEM IS 100 FEET FOR A PRIVATE WELL OR 200 FEET FOR A PUBLIC WELL. WELL LOGS ARE REQUIRED AND MUST BE RETURNED TO THE DEPARTMENT WITHIN 30 DAYS OF THE WELL COMPLETION. SPECIFICATIONS AND CONSTRUCTION DIAGRAMS ARE AVAILABLE TO INSURE PROPER INSTALLATION.

PERMIT VALID FOR ONE YEAR FROM ISSUE

I CERTIFY THAT

- 1: I AM FAMILIAR WITH THE REQUIREMENTS FOR ON-SITE SEWERS AND WELLS AS SET FORTH BY THE MUNICIPALITY OF ANCHORAGE.
- 2: I WILL INSTALL THE SYSTEM IN ACCORDANCE WITH THE CODES.

SIGNED: *E. J. W. Peterson*
APPLICANT PETERSON CONSTRUCTION

ISSUED BY *Bob Pitt* DATE *1/18/20*



MUNICIPALITY OF ANCHORAGE
 DEPARTMENT OF HEALTH & HUMAN SERVICES
 Division of Environmental Services
 On-Site Services Section



P.O. Box 196650 Anchorage, Alaska 99519-6650
 343-4744

CERTIFICATE OF HEALTH AUTHORITY
 APPROVAL FOR A SINGLE FAMILY DWELLING

Parcel I.D. # 014-061-43

HAA # HA920866

1. GENERAL INFORMATION

Complete legal description Lot 5; Block 2; Dawn Village Subdivision

Location (site address or directions) 6721 Teshlar

Property owner AHFC #29537 Day phone _____

Mailing address _____

Lending agency _____ Day phone _____

Mailing address _____

Agent Barb Vaas/Century 21 New Horizons Day phone 562-6233

Address 2213 East Tudor Road, Anchorage, AK 99507

Unless otherwise requested, HAA will be held for pickup.

2. NUMBER OF BEDROOMS: 3

3. TYPE OF WATER SUPPLY:

Individual well XXX

Community well _____

Public water _____

NOTE: *If community well system, provide written confirmation from State ADEC attesting to the legality and status of system.*

4. TYPE OF WASTEWATER DISPOSAL:

Individual on-site _____

Holding tank _____

Community on-site _____

Public sewer XXX

NOTE: *If community wastewater system, provide written confirmation from State ADEC attesting to the legality and status of system.*

5. STATEMENT OF INSPECTION BY ENGINEER

As certified by my seal affixed hereto and as of the validation date shown below, I verify that my investigation of this Health Authority Approval application shows that the on-site water supply and/or wastewater disposal system is safe, functional and adequate for the number of bedrooms and type of structure indicated herein. I further verify that based on the information obtained from the Municipality of Anchorage files and from my investigation and inspection, the on-site water supply and/or wastewater disposal system is in compliance with all Municipal and State codes, ordinances, and regulations in effect on the date of this inspection.

Name of Firm S & S ENGINEERING Phone _____

Address 17034 Eagle River Loop Road No. 204
Eagle River Alaska 99577

Engineer's signature _____ Date 12-14-92



6. DHHS SIGNATURE

Approved for 3 bedrooms.

Disapproved.

Conditional approval for _____ bedrooms, with the following stipulations:

NONE

Additional Comments _____

By: [Signature]

Date 12/28/92

CAUTION

The Municipality of Anchorage Department of Health and Human Services (DHHS) issues Health Authority Approval Certificates based only upon the representations given in paragraph 5 above by an independent professional engineer registered in the State of Alaska. The DHHS does this as a courtesy to purchasers of homes and their lending institutions in order to satisfy certain federal and state requirements. Employees of DHHS do not conduct inspections or analyze data before a certificate is issued. The Municipality of Anchorage is not responsible for errors or omissions in the professional engineer's work.



Municipality of Anchorage
Department of Health & Human Services
HEALTH AUTHORITY APPROVAL CHECKLIST



Legal Description: LOTS BLOCK 2 DAWN VILLAGES/D Parcel I.D. _____

A. WELL DATA

Well type PRIVATE If A, B, or C, attach ADEC letter. ADEC water system number N/A

Log present YES Date completed 4/22/92 Driller PENN JERSEY DRILLING CO.

Total depth 97' Cased to 40' Casing height 36"

Sanitary seal YES Wires properly protected YES

	FROM WELL LOG	AT INSPECTION
Date of test	<u>4/22/92</u>	<u>12/9/92</u>
Static water level	<u>37'</u>	<u>13'</u>
Well flow	<u>20</u> g.p.m.	<u>6.3</u> g.p.m.
Pump level	<u>UNKNOWN</u>	<u>UNKNOWN</u>

MUNICIPALITY OF ANCHORAGE
ENVIRONMENTAL SERVICES DIVISION

DEC 23 1992

RECEIVED

SEPARATION DISTANCES FROM WELL TO:

Septic/holding tank on lot N/A; On adjacent lots 100'

Absorption field on lot N/A; On adjacent lots 100'

Public sewer main *50' Public sewer manhole/cleanout 75'

Sewer service line *20' Petroleum tank NONE KNOWN

* IN ACCORDANCE W/REGULATIONS @ TIME OF INSTALLATION.

WATER SAMPLE RESULTS:

Coliform 0/100ml Nitrate 0.10 mg/l Other bacteria 0/100ml

Date of sample: 12/21/92 Collected by: S&S ENGINEERING

B. SEPTIC/HOLDING TANK DATA - MUNICIPAL SEWER

~~Date installed _____ Tank size _____ Compartments _____~~

~~Cleanouts (Y/N) _____ Foundation cleanout (Y/N) _____ Depression (Y/N) _____~~

~~High water alarm (Y/N) _____ Alarm tested (Y/N) _____~~

~~Date of pumping _____ Pumper _____~~

~~SEPARATION DISTANCES FROM SEPTIC/HOLDING TANK TO:~~

~~Well(s) on lot _____ On adjacent lots _____ Foundation _____~~

~~To property line _____ Absorption field _____ Water main/service line _____~~

~~Surface water/drainage _____~~

C. LIFT STATION - MUNICIPAL SEWER

~~Date installed _____ Manufacturer _____
Size in gallons _____ Manhole/Access (Y/N) _____
Vent (Y/N) _____ "Pump on" level at _____ "Pump off" level at _____
High water alarm level _____ Cycles tested _____
Meets MOA electrical codes (Y/N) _____~~

~~SEPARATION DISTANCE FROM LIFT STATION TO:~~

~~Well on lot _____ On adjacent lots _____ Surface water _____~~

D. ABSORPTION FIELD DATA - MUNICIPAL SEWER

~~Date installed _____ Soil rating _____ System type _____
Length _____ Width _____ Gravel thickness _____ Total depth _____
Total absorption area _____ Cleanouts present (Y/N) _____
Depression over field (Y/N) _____ Date of adequacy test _____
Results (pass/fail) _____ for _____ bedrooms
Peroxide treatment (past 12 months) (Y/N) _____ If yes, give date _____~~

~~SEPARATION DISTANCE FROM ABSORPTION FIELD TO:~~

~~Well on lot _____ On adjacent lots _____ Property line _____
To building foundation _____ To existing or abandoned system on lot _____
On adjacent lots _____ Cutbank _____ Water main/service line _____
Surface water _____ Driveway, parking/vehicle storage area _____
Curtain drain _____~~

E. ENGINEER'S CERTIFICATION

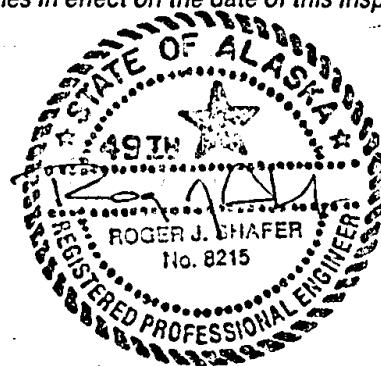
I certify that I have checked, verified, or conformed to all MOA and HAA guidelines in effect on the date of this inspection.

S & S ENGINEERING
17034 Eagle River Loop Road No. 204
Eagle River, Alaska 99577

Signature _____

Engineer's Name _____

Date 12-14-92



HAA Fee \$ 17000

Waiver Fee: \$ _____

Date of Payment 12-23-92

Date of Payment _____

Receipt Number 24334 (5325)

Receipt Number _____



MUNICIPALITY OF ANCHORAGE
 Department of Health & Human Services
 DIVISION OF ENVIRONMENTAL SERVICES
 343-4744



CERTIFICATE OF INSPECTION FOR HEALTH AUTHORITY APPROVAL OF
 ON-SITE SEWER AND WATER FACILITY FOR SINGLE FAMILY DWELLING

Parcel I.D. # 014-0101-43 HAA # 40900314

1. GENERAL INFORMATION (Must be completed prior to submittal)

(a) Legal Description (include lot, block, subdivision, section, township, range)

Lot 5; Block 2; Dawn Village Subdivision

Location (address or directions)

6721 Teshlar, Anchorage

(b) Property owner A.H.F.C # 29537 Telephone: (home) _____ Business _____

Mailing Address _____

(c) Lending Institution _____ Telephone _____

Mailing Address _____

(d) Real Estate Company and Agent CENTURY 21/NEW HORIZONS ATTN: Stephanie Paszek

Address 2213 East Tudor Road Anchorage, Alaska 99507

Telephone 562-6233

(e) Mail the HAA to the following address: (or check here if hold for pick up.)

List contact person and day phone number below:

S & S ENGINEERING
17034 Eagle River Loop Road No. 204
Eagle River, Alaska 99577

2. TYPE OF RESIDENCE

Single-Family Number of bedrooms 3

3. WATER SUPPLY

Individual Well Community Public

Note: If community well system, must have written confirmation from the State Department of Environmental Conservation attesting to th legality and status.

4. SEWAGE DISPOSAL

On-site Public Community Holding Tank

Note: If community well system, must have written confirmation from the State Department of Environmental Conservation attesting to the legality and status.

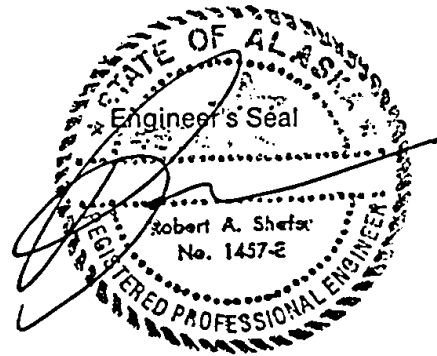
5. ENGINEERING FIRM PROVIDING INSPECTIONS, TESTS, FILE SEARCH, DATA AND INFORMATION

As certified by my seal affixed hereto and as of the validation date shown below, I verify that my investigation of this Health Authority Approval shows that the on-site water supply and/or wastewater disposal system is safe, functional and adequate for the number of bedrooms and type of structure indicated herein. I further verify that based on the information obtained from the Municipality of Anchorage files and from my investigation and inspection, the on-site water supply and/or wastewater disposal system is in compliance with all Municipal and State codes, ordinances, and regulations in effect on the date of this inspection.

Name of Firm S & S ENGINEERING Telephone 694-2979

Address 17034 Eagle River Loop Road No. 204
Eagle River, Alaska 99577

Date 8/1/90



6. DHHS APPROVAL

Approved for 3 bedrooms by Dwight Bell Date August 7, 1990

Approved Disapproved Conditional

Terms of Conditional Approval _____

CAUTION

The Municipality of Anchorage Department of Health and Human Services (DHHS) issues Health Authority Approval certificated based only upon the representations given in paragraph 5 above by an independent professional engineer registered in the State of Alaska. The DHHS does this as a courtesy to purchasers of homes and their lending institutions in order to satisfy certain federal and state requirements. Employees of DHHS do not conduct inspections or analyze data before a certificate is issued. The Municipality of Anchorage is not responsible for errors or omissions in the professional engineer's work.

MUNICIPALITY OF ANCHORAGE
ENVIRONMENTAL SERVICES DIVISION
AUG 1 1990



MUNICIPALITY OF ANCHORAGE (MOA)
Health Authority Approval (HAA)
CHECKLIST - FEBRUARY 1984
343-4744



Legal Description: Lot 5; Block 2;
DAWN Village S. D.

A. WELL DATA

Well Classification Single Family If A, B, C, D, E, C. Approved (Y/N) N/A
Well Log Present (Y/N) Y Date Completed 4-22-77 Yield 9.1 gpm
Total Depth 97' Cased to 40' Depth of Grouting — (7-20-90)
Static Water Level 31 Pump Set At UK
Casing Height Above Ground 12" + Sanitary Seal on Casing (Y/N) Y
Electrical Wiring in Conduit (Y/N) Y Depression Around Wellhead (Y/N) N

SEPARATION DISTANCES FROM WELL:

To Septic/Holding Tank on Lot N/A; On Adjoining Lots 100' +
To Nearest Edge of Absorption Field on Lot N/A; On Adjoining Lots 100' +
To Nearest Public Sewer Line * 50' To Nearest Public Sewer Cleanout/Manhole 75' +
To Nearest Sewer Service Line on Lot * 20'

Water Sample Collected by S+S Engineering; Date 7-19-90

Water Sample Test Results Satisfactory - Bacteria + Nitrates

Comments * In accordance with regulations @ time of Installation.
Municipal Sewer

B. SEPTIC/HOLDING TANK DATA

Date Installed — Size — No. of Compartments —
Standpipes (Y/N) — Air-tight Caps (Y/N) — Foundation Cleanout (Y/N) —
Depression over Tank (Y/N) — Date Last Pumped —
Pumping/Maintenance Contact on File (Y/N) N/A; for —
Holding Tank High-Water Alarm (Y/N) — Temporary Holding Tank Permit (Y/N) —

SEPARATION DISTANCES FROM SEPTIC/HOLDING TANK:

To Water-Supply Well — To Building Foundation —
To Property Line — To Disposal Field —
To Water Main/Service Line —
To Stream, Pond, Lake or Major Drainage Course —

Comments Municipal Sewer

C. ABSORPTION FIELD DATA

Soils Rating in Absorption Strata _____ Type of System Design _____
 Date Installed _____ Length of Field _____
 Width of Field _____ Depth of Field _____
 Gravel Bed Thickness _____
 Square Feet of Absorption Area _____ Standpipes Present (Y/N) _____
 Depression over Field (Y/N) N/A Date of Last Adequacy Test _____
 Results of Last Adequacy Test N/A
SEPARATION DISTANCE FROM ABSORPTION FIELD:
 To Water-Supply Well _____ To Property Line _____
 To Building Foundation _____ To Existing or Abandoned System on Lot _____ ; On Adjoining Lots _____
 To Water Main/Service Line _____ To Cutback (if present) _____
 To Stream, Pond, Lake, or Major Drainage Course _____
 To Driveway, Parking Area, or Vehicle Storage Area _____
 Comments Municipal Sewer

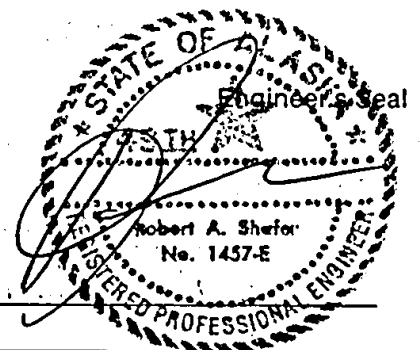
D. LIFT STATION

Date Installed _____ Dimensions _____
 Size in Gallons _____ Manhole/Access (Y/N) _____
 "Pump On" Level at _____ "Pump Off" Level at _____
 High Water Alarm Level at _____ Vent (Y/N) _____
 Tested for N/A Pumping Cycles during Adequacy Test _____
 Meets MOA Electrical Codes (Y/N) _____
 Comments _____

****Check Permitted Bedroom Rating Against HAA Request****

I certify that I have checked, verified, or conformed to all MOA and HAA guidelines in effect on the date of this inspection.

Signed _____
 Company S & S ENGINEERING
17034 Eagle River Loop Road No. 204
 Date Eagle River, Alaska 99577 8/1/90
 MOA No. CE 90-003



Receipt No. 22077 (2599)
 Date of Payment 8-1-90
 Amount: \$ 170.00

Receipt No. _____
 Waiver Fee: \$ _____
 Date of Payment _____



CHEMICAL & GEOLOGICAL LABORATORIES OF ALASKA, INC.

5633 B STREET • ANCHORAGE, ALASKA 99518 • TELEPHONE (907) 562-2343

FEDERAL TAX I.D. #92-0040440



ANALYSIS REPORT BY SAMPLE for Work Order # 25743

Date Report Printed: JUL 27 90 @ 09:36

Client Sample ID: LS B2 DAWN VILLAGE
PWSID :UA
Collected JUL 20 90 @ 15:00 hrs.
Received JUL 20 90 @ 17:30 hrs.
Preserved with :AS REQUIRED

Client Name : S & S ENGINEERING
Client Acct : SSENSE
P.O.# NONE RECEIVED
Req #
Ordered By : R. SHAFER

Analysis Completed :JUL 20 90
Laboratory Supervisor :STEPHEN C. EDE
Released By : *Stephen C. Ede*

Send Reports to:
1)S & S ENGINEERING
2)

Special
Instruct:

Chemlab Ref #: 902573 Lab Smpl ID: 3

Matrix: WATER

Parameter Tested	Result	Units	Method	Allowable Limits
NITRATE-N	ND(0.10)	mg/l	EPA 353.2	10

Sample ROUTINE SAMPLE. SAMPLE COLLECTED BY R.S.JR.
Remarks:

1 Tests Performed
ND- None Detected
NA- Not Analyzed

* See Special Instructions Above
** See Sample Remarks Above
LT-Less Than, GT-Greater Than

UA-Unavailable



MUNICIPALITY OF ANCHORAGE
 DEPARTMENT OF HEALTH AND ENVIRONMENT PROTECTION
 825 L Street, Anchorage, Alaska 99501
 279-2511, ext. 224 or 225

A20

Date Received: May 4, 1977

#1: Time <u>2:30 p.m.</u>	#2: Time _____	#3: Time _____
Date <u>5-4-77 Tues</u>	Date _____	Date _____
Insp <u>Pratt</u>	Insp _____	Insp _____

REQUEST FOR APPROVAL OF INDIVIDUAL SEWER AND WATER FACILITIES

1. Lending Institution Request: Alaska Mutual Savings Bank
 Mailing Address: Post Office Box 1120 99510 Phone: 274-3561

2. Property Owner: Pederson Construction, Inc. Phone: 344-8638
 Mailing Address: Star Route A Box 1718X 99507

3. Legal Description: Lot 5 Block 2 Dawn Village Subdivision

4. Single Family Residence: () Number of Bedrooms: 2
 Multiple Family Residence: () Number of Bedrooms: _____

5. Well System: Individual Well () Community/Public System ()
 Permit # 77016 Depth of Well 97' Well Log on File ()
 Construction _____ Bacterial Analysis _____

6. Sewage Disposal System: On-site System () Public Utility ()
 Permit # _____ Installed _____ Installer _____
 Septic Tank Size _____ Manufacturer _____
 Absorption Area _____ Soils Rate _____ Material _____

7. Distances: Well to Septic Tank _____ to Absorption Area _____
 to Sewer Line _____ Nearest Lot line _____ Absorption Area
 to Nearest Lot Line _____



MUNICIPALITY OF ANCHORAGE
 DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION
 2510 East Tudor Road, Anchorage, Alaska 99504 276-2221

MUNICIPALITY OF ANCHORAGE
 DEPT. OF HEALTH &
 ENVIRONMENTAL PROTECTION

MAY 4 1977

REQUEST FOR APPROVAL OF
 INDIVIDUAL SEWER and WATER FACILITIES

RECEIVED

1. Type of Inspection: CMRO _____ VA _____ FHA _____ CONV X

2. Property Owner: Pederson Construction Inc.

Mailing Address: 501 Bld 1718X Anchorage Day Phone: 344-8638
99517

3. Name of Buyer: _____

Mailing Address: _____ Day Phone: _____

4. Name of Lending Institution: Alaska Mutual Savings

Mailing Address: P.O. Bld 1120 Anchorage Phone: 274-3561
attn: Debbie Johnson

5. Name of Realtor or Agent: _____

Mailing Address: ~~Lot 5 Bl~~ Phone: _____

6. Legal Description: Lot 5 Block 2 Dawn Village Sub

Location: one block East of Lake Otis on 68th

7. Type of Facility to be Inspected: Single Family No. Bdrms. 2

8. Water Supply

Type of Supply: Public Utility _____ Individual X

If Individual, number of dwellings presently served 1

If Individual, depth of well 97'

9. Sewage Disposal System

Type of System: Public Utility X Individual (on-site) _____

If Individual, date of installation _____

Department of Health and Environmental Protection
Request for Approval of Individual Sewer and Water Facilities

Legal Description: Lot 5 Block 2 Dawn Village Subdivision

Comments: _____

Affadavit Attached: () Letter Attached: ()

Approved: R.C. [Signature] Date: 5-9-77

Disapproved: _____ Date: _____

Department Worksheet: