

WATER WELL REPORT

State of Washington Date Printed: 19-Jul-2004 Log No. 20704
 Construction/Decommission: Original Construction
 Construction Notice of Intent #: 20704

CURRENT
 Notice of Intent No.: W172207
 Unique Ecology Well I.D. No.: ALB586
 Water Right Permit Number:

153125

OWNER: **DIXON, DAVID C.**
 OWNER ADDR: **1381 LITTLE TWIN LK RD COLVILLE, WA 99114**
 Well Street Address: **1381 LITTLE TWIN LK RD**
 City: **Colville, WA 99114** County: **STEVENS**
 Location: **NE 1/4 NW 1/4 Sec 17 T 35 R 41E EWM**
 Lat/Long: Lat Deg Lat Min/Sec
 (s, t, r still Long Deg Long Min/Sec
 REQUIRED)
 Tax Parcel No.: **5626300**

PROPOSED USE: DOMESTIC	
TYPE OF WORK Owners's Well Number: (If more than one well) 1	
NEW WELL	Method: ROTARY
DIMENSIONS: Diameter of well: 6 inches Drilled 220 ft. Depth of completed well 220 ft.	
CONSTRUCTION DETAILS:	
Casing installed: WELDED	
Liner installed:	6 " Dia from +2 ft. to 74 ft.
4 " Dia from 20 ft. to 220 ft.	" Dia from ft. to ft.
" Dia from ft. to ft.	
Perforations: Yes Used In: Liner	
Type of perforator used: SKILL SAW	
SIZE of perforations 6 in. by 1/8 in.	
100 Perforations from 140 ft. to 220 ft.	ft. to ft.
Perforations from ft. to ft.	ft. to ft.
Perforations from ft. to ft.	ft. to ft.
Screens: No K-Pac Location:	
Manufacture's Name:	
Type:	Model No.
Diam. slot size: from ft. to ft.	
Diam. slot size: from ft. to ft.	
Gravel/Filter packed: No Size of Gravel	
Material placed from ft. to ft.	
Surface seal: Yes To what depth 19 ft.	
Seal method: Material used in seal: BENTONITE	
Did any strata contain unusable water?: Yes	
Type of water: SURFACE WATER Depth of strata 2	
Method of sealing strata off CASING	
PUMP: Manufacture's name	
Type:	H.P. 0
WATER LEVELS: Land-surface elevation above mean sea level: 0 ft.	
Static level +2 ft. below top of well Date 07/13/2004	
Artesian Pressure: lbs per square inch Date	
Artesian water controlled by	
WELL TESTS: Drawdown is amount water level is lowered below static level.	
Was a pump test made? No If yes, by whom?	
Yield: <input type="text"/> gal/min with <input type="text"/> ft drawdown after <input type="text"/>	
Yield: <input type="text"/> gal/min with <input type="text"/> ft drawdown after <input type="text"/>	
Yield: <input type="text"/> gal/min with <input type="text"/> ft drawdown after <input type="text"/>	
Recovery data (time taken as zero when pump turned off)(water level measured from well top to water level)	
Time: <input type="text"/>	Water Level: <input type="text"/>
Time: <input type="text"/>	Water Level: <input type="text"/>
Time: <input type="text"/>	Water Level: <input type="text"/>
Date of test:	
Bailer test	gal/min ft drawdown after hrs.
Air test 10 gal/min w/ stem set at 219 ft. for 1 hours	
Artesian flow	gpm Date:
Temperature of water	Was a chemical analysis made? No

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure. Show thickness of aquifers and the kind and nature of the material in each stratum penetrated. Show at least one entry for each change in formation.

Material	From	To
TOPSOIL	0	3
GRANITE SAND GRAVEL W/WATER	3	16
BROWN CLAY MOIST	16	50
BROWN CLAY DENSE	50	57
GRANITE CLAY DENSE	57	74
GRANITE BROWN MEDIUM	74	120
GRANITE GRAY/BROWN MED. W/B	120	121
GRANITE GRAY MED W/FRAC.	121	140
GRAY GRANITE MED W/FRAC. W/WATER	140	145
GRANITE GRAY MEDIUM	145	170
GRAY GRANITE MED W/FRAC. W/WATER	170	172
GRANITE GRAY MEDIUM	172	220

Notes:
 3 GPM 120-121,

RECEIVED

AUG 16 2004

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work started **07/12/2004** Completed **07/13/2004**

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards. Materials used and the information reported are true to my best knowledge and belief.

Driller Engineer Trainee

Name: **RONALD HURN** License No.: **2258**

Signature:

If trainee, Licensed driller is: _____ License No.: _____

Licensed Driller Signature: _____

Drilling Company:

NAME: **FOGLE PUMP & SUPPLY, INC.** Shop: **COLVILLE**

ADDRESS: **316 W. 5TH**
Colville, WA 99114

Phone: **509-684-2569** Toll Free: **800-533-6518**

E-Mail: **jrs@foglepump.com**

FAX: **509-684-3032** WEB Site: **www.foglepump.com**

Contractor's
 Registration No.: **FOGLEPS095L4** Date Log Created: **07/19/2004**

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.