

FILE

WATER WELL REPORT

Start Card No. W080124
 Well ID No. ACN003

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(1) OWNER: Name Craig Small Address POB 940 Republic, WA 99166
 Water Right Permit No. _____

(2) LOCATION OF WELL: County Ferry SE SE 5 37 93

(3) STREET ADDRESS OF WELL (or nearest address) West Curlew Lake Road, Republic, WA.

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
 Abandoned New well Deepened Reconditioned
 Method: Dug Bored
 Cable Driven
 Rotary Jetted

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 100 feet. Depth of completed well 100 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: _____ Diam. from _____ ft. to _____ ft.
 Welded _____ Diam. from +1 ft. to 19 ft.
 Liner installed: _____
 Threaded _____ Diam. from 8 ft. to 100 ft.

Perforations: Yes No
 Type of perforator used SKIL SAW
 SIZE of perforations 7/8 in. by 7 in.
75 perforations from 90 ft. to 100 ft.

Screens: Yes No
 Manufacturer's Name _____
 Type _____ Model No. _____
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes No Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.
 Surface seal: Yes No To what depth? 19 ft.
 Material used in seal Bentonite
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
 Static level 50 ft. below top of well Date 8/13/96
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 rries a pump test made? Yes No If yes, by whom? _____
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
 Time Water Level Time Water Level Time Water Level

Date of test _____
 Bellur test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Arterial 33 gal./min. with stem set at 100 ft. for 1/2 hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

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

MATERIAL	FROM	TO
Silty topsoil	0	3
Clay, gravel	3	13
Granite-gray green	13	93
Granite-gray green, water-bearing fracture	93	94
Granite-gray green	94	100

Lined with 100 feet of 4" PVC Pipe.

THIS ORIGINAL WELL REPORT MUST BE COMPLETELY FILLED OUT AND SIGNED BY DRILLER, THIS IS THE OFFICIAL COPY.

Work started 8/12/96, 19. Completed 8/13/96, 19.

WELL CONSTRUCTOR 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 above are true to my best knowledge and belief.

Fogle Pump & Drilling West
 NAME P.O. Box 456 Republic WA 99166
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
 Address _____
 (Signed) Brett Delong 2164
 License No. _____
 Contractor's Registration #PS 095 L4 8/13/96
 No. _____ Date _____, 19____