File Original and First Copy with Department of Ecology Second Copy — Owner's Copy Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON Permit No.

| | | . / |
|-------------|-----|----------|
| Application | No. | <i>V</i> |
| Permit No. | | |

| SIAIE OF W | Permit No. | |
|---|--|---|
| (1) OWNER: Name JAY E, ROGERS | Address | |
| (2) LOCATION OF WELL: County STEVENS | | |
| Bearing and distance from section or subdivision corner | 1. de la la la la Mill | IXP RASINE |
| (3) PROPOSED USE: Domestic Industrial Municipal | (10) WELL LOG: | |
| (3) PROPOSED USE: Domestic Industrial Municipal Irrigation Test Well Other | Formation: Describe by color, character, size of materia | al and structure, and |
| | show thickness of aquifers and the kind and nature of stratum penetrated, with at least one entry for each c | the material in each |
| (4) TYPE OF WORK: Owner's number of well (if more than one) | MATERIAL | FROM TO |
| New well | CVER BURNEY | 177 7 |
| Reconditioned Rotary Jetted | - 1774 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 200 |
| (5) DIMENSIONS: Diameter of well 6 | - 1 d d d d d d d d d d | 12. 34 |
| (5) DIMENSIONS: Diameter of well inches. Drilled | - Harrist Little Land Disch | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | File to this to play the standard | 444- |
| (6) CONSTRUCTION DETAILS: | | 100 |
| Casing installed: 6 "Diam. from 7/ ft. to 36 ft. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 77 |
| Threaded | FALL AVECTOR | 11910 1 2 |
| | Martine in the | 17 127 |
| Perforations: Yes No K | 13 11 11 11 11 11 | 1224 |
| Type of perforator used | | |
| perforations from ft. to ft. | | 100 |
| perforations fromft. toft. | | 180 |
| perforations from ft. to ft. | | |
| Screens: Yes No X | | |
| Manufacturer's Name Model No. | | |
| Diam Slot size from ft. to ft. | | |
| Diam. Slot size from ft. to ft. | | |
| Gravel packed: Yes No M Size of gravel: | | |
| Gravel placed from ft. to ft. | | |
| Surface seal: Yes No D To what depth? 19 ft. Material used in seal BENTUNITE | | |
| 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 levelft. | 5-4 | |
| Static levelft. below top of well Date | | |
| Artesian pressure | | |
| Artesian water is controlled by(Cap, valve, etc.) | | |
| (9) WELL TESTS: Drawdown is amount water level is | | 10 00 |
| Was a pump test made? Yes D No If yes, by whom? | Work started , 19 Completed 7 | / <u>/</u> , 19 <u>/</u> |
| Yield: 3 gal./min. with ft. drawdown after hrs. | WELL DRILLER'S STATEMENT: | |
| Est. AIR LIFT | This well was drilled under my jurisdiction a true to the best of my knowledge and belief. | and this report is |
| 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 | NAME (Person, firm, or corporation) (T | 'vpe or print' |
| | | T. 7 . |
| | Address | |
| Date of test | A COLOR OF THE COL | |
| iler test gal./min. with ft. drawdown after hrs. | [Signed](Well Driller) | |
| sian flowg.p.m. Date | 15 B | д 2000 |
| rature of water Was a chemical analysis made? Yes 🗌 No 🎉 📗 | License No | , 19 |



◆ 316 West Fifth Colville, WA 99114 1-800-533-6518 (509) 684-2569 Phone (509) 684-3032 Fax P.O. Box 456
Republic, WA 99166
1-800-845-3500
(509) 775-2878 Phone
(509) 775-2877 Fax

(Spokane)
P.O. Box 1450
12019 W. Sunset Hwy.
Airway Heights, WA 99001
(509) 244-0846 Phone
(509) 244-2875 Fax

Dear Valued Customer,

Here are the results of your water analysis. Depending on the size of your family and the number of bathrooms in your home, water treatment varies.

Please give us a call if you need an estimate on the proper units for your needs. We carry a complete line of Water Conditioners, Softeners, Iron Filters, taste and odor Filters, Ultra Violet Lights and just about anything else to purify your water into fresh clean drinking water. We also have an extensive array of Water Distillers, Reverse Osmosis Filters and Ultravoilet Disinfection Systems in AC or DC options.

Thank you for having us test your water and please feel free to call should you have any questions or concerns. We appreciate the business.

Sincerely,

D.J. Breckon Gary Cline

David E. Pehl

Your Water Purification Specialists Fogle Pump & Supply, Inc.



Fogle Pump & Supply

WELL DRILLING • PUMP SYSTEMS • WATER TREATMENT 316 WEST 5TH, COLVILLE, WA 99114 • 1-800-533-6418 • 684-2569

WATER ANALYSIS REPORT

(CHEMICAL ANALYSIS ONLY)

| ADDRESS 1077 MIDDLE BASIN RD | | | PH | ONE (Res.) <u>738-</u> ONE (Bus.) USEHOLD SIZE _ | | DATE <u>3-6-2000</u> JOB # |
|---|------------------------------------|---|---|--|--|---|
| Hardness P.H. Iron Manganese Tannin T.D.S. Color Susp. matter | 8 7.0 0.0 0.5 190 8 | | (gpg) Ove & P 7.0 alka Ove Cau Tota Cau | ipes. Indicates water is aline 6.8 or under i er 0.3 stains plumber 0.05 ppm stains uses light tea color | neutral, under scorrosive. Soap fixtures & corrosing fixtures fixtures and part of the corrosive of the cor | res & clothes. cossible filter pluggingP.A. suggested limit. |
| Iron bacteria | 0 | Visual | | | | u, siit, clay, etc. tuses orange water. |
| Odor | 0 | Smell | As | detected in sample | , sulphur will c | dissipate too quickly to |
| NOTE: These test | | determine the microb | nee | ded. | | ceived, field test may be |
| the information furn | mmendat nished. S | RECOMMENDATION tion is based on the su Should water character ent additions may be n | bmitte ristics | change in the future, | Water Supply: Deep Well Cistern | R SAMPLE INFORMATION Shallow Well Pond Spring City Water |
| Equipment reco | mmend | led CA-16 @1900 | | \$ 49500 | Age | Copper Galvanized |
| Extra Equipmer | ¥ | 20.00 | | \$ 7500 | Point Where Colle | |
| Extra Equipmen | nt #10 P | RE-FILTERKIT | | \$ 4500 | | oms 28471/2 PEOPLE ONABLE CHARACTERISTIC |
| Installation@35 | OCPR. HA | P. PLUS MATERIALS | | \$ | Wate | er Seems Hard |
| Estimate only, actudepending on materinstallation time. | | ill vary d and | Sub Tax Total | 0 | ☐ Wate | er Makes Red Stains er Makes Blue/Green Stains er Looks Dirty/Cloudy y Build-up in Toilet Tank er Has Sulfur Odor |

| Anatek Labs, Inc. | Turn Around Til | me | Phone | | Results need | ed by: |
|--|--------------------------------|-----------|---|--|------------------|------------|
| 504 E Sprague Ave Ste D 1282 Alturas Drive Spokane WA 99202 Moscow ID 83843 | Next Day* | *Rush | Mail | | 1 1 | / |
| (509) 838-3999 FAX 838-4433 (208) 883-2839 FAX 882-9246 | | Charges | | - A V # | | |
| (200) 000 2005 1111 020 1102 | 2-Day* | Apply | Fax | FAX # | | |
| Please fill out completely and legibly | | Inorgar | nic Chemical Ar | nalvsis Repo | ort | - |
| Date Collected Time Collected County | ✓ Tests | MCL* | Results | Units | Compliance | Initials |
| 2/27/00 AM PM Stevens | · | | 16 ho l | | Y/N | |
| 7-111 | Arsenic (As) | 0.05 | ∠0.00 l | mg/L | Yes | EIL |
| Type of System ☑ Individual (Serves 1 Residence) | Barium (Ba) | 2 | | mg/L | | |
| Public Group | Beryllium (Be) | 0.004 | | mg/L | | |
| System ID# A B | Cadmium (Cd) | 0.005 | | mg/L | | - |
| Sample Purpose | Chromium (Cr) | 0.1 | | mg/L | | |
| Compliance Sample - Routine ☐ Purchase/Sale/Bldg Permit ☐ New Well | Copper (Cu) | 1.3 | A OOL | mg/L | AL. | r1 |
| | V Lead (Pb) | 0.015 | 0.001 | mg/L | <u> 46</u> | E |
| Sample Type | Manganese (Mn) | 0.05 | | mg/L | | - |
| Standard Drinking Water | Mercury (Hg) | 0.002 | | mg/L | | |
| Raw Source Water | Nickel (Ni) | 0.1 | | mg/L | | |
| Other (Specify) | Selenium (Se) | 0.05 | | mg/L | | |
| Owner or Manager Name | Silver (Ag) | 0.05 | | mg/L | | _ |
| Kathy Juneay | Sodium (Na) | | | mg/L | | - |
| Specific Location Where Sample Was Collected (i.e. address of well) | Zinc (Zn) | 5 | | mg/L | | _ |
| 1077 middle Basin Road Colville WA 99114 | Chloride (CI) | 250 | | mg/L | | <u> </u> |
| | Fluoride (F) | 4 | | mg/L | | |
| Send Report to: | ✓ Nitrate as N | 10 | <0.5 | mg/L | Yes | Ka |
| Name Kathy Juneau | Nitrite as N | 0.5 | | mg/L | | 6 |
| D 2 P 1 BE | Sulfate (SO ₄) | 250 | | mg/L | | |
| Address P. O. Box 6 D | Hardness | | | mg/L as CaCO ₃ | | L_ |
| VIII CV- WAS COUNT | Conductivity | 700 | | μmhos/cm 25°C | | |
| city Kettle Falls st WA zip 99111 | Corrosivity | s#. | | * • | | |
| Day Tel # Eve/Msg Tel # | Turbidity | 1 | | NTU | | |
| 509 654-8421 509 738-2548 | Color | 15 | | Color Units | | |
| Sample Collected by: Company: | pH | | | | | |
| Kathy Juneau Fogle fam. D. | TDŞ | 500 | | mg/L | | |
| Source Type (Check One) | TSS | - | | mg/L | | |
| Well/Well Field Purchased or Intertie | Cyanide (CN) | 0.2 | | mg/L | | |
| Spring Grd. Water under Surface Influence | Iron (Fe) | 0.3 | | mg/L | | |
| Surface Water Combination or Other | | | Salarini da la la desarra de la desarra d | | | |
| | | | | | | - |
| COLIFORM BACTERIA RESULTS (Lab Use Only) | MCL-Max. Contaminant L | evel | TSS-Total Suspended So | olids | TDS-Total Dissol | ved Solids |
| SATISFACTORY (COLIFORM ABSENT) | | | | No. of the state o | | |
| REPEAT Unsatisfactory (Coliform Present) | | | THER ANALYSES RI | EQUESTED | | |
| SAMPLES Total Present Total Absent | Inorganic Contaminants (IOC's) | | | | | |
| REQUIRED E.Coli Present E.Coli Absent | Volatile Organics | | | | | |
| Other Lab Results | Semivolatile Orga | nics (SOC | 's) | | | |
| Total Coliform /100ml E.Coli /100ml | | | 3 | | | |
| Fecal Coliform /100ml Plate Count /100ml | - | | | | | |
| Another Sample Required Sample not Tested because: Sample Too Old TNTC Wrong Container Other Excess Debris | Laboratory Com | ments | | li. | Anatek Log-in | 62 |
| Report Date Lab Analyst | | | | | [| 13 |
| 2-29-00 Note Subrecede | | | | | - E | 1 |
| Date Received Time By | Lab Supervisor | | 16 1 2 11 | port Date |] # | |

CONTRACTORS INVOICE

STEVENS PLUMBING 751 NORTH WALNUT STREET COLVILLE, WA 99114 (509) 690-0569

WORK PERFORMED AT:

| <u>L</u> | | | (| 577 | midd | Le BASIO | Rd |
|--------------------------|-------------------|----------------|--------------------|---|-----------------|--------------|------------------|
| TO: how Jex | 104 | | | Sui | 1100,4 | 77114 | |
| 684- | 2 | | | | | 1 1 | |
| 687- | 2018 | | | | | | |
| | | | | | | | |
| DATE 10/8/1 | | YOUR WORK | ORDER NO. | | OUR BII | | |
| 10/8/1 | 0 | DESC | RIPTION OF WORK | DEDEORME | | 0-342 | |
| | | DESC | HIPTION OF WORK | PENFONNIE | • | | |
| | 70540 | 1 = 201 | LOUTED | < | | * | |
| E.v. J | Pross | uce Se | or the nee | Led To | s Re | | |
| ALTU | . , | | or the distriction | | | | |
| 21509 | | 4000 | or on A | 1400 | 251 | | |
| | | | FFAT E | No. 19 (No. 1907) | | | |
| | | | | | | | 4 |
| | Pecone | nd Rep | Laceing | press | ire JAC | 290 | |
| | | J | | | | | |
| | | | | | di | 49605TIC | Fee |
| | | 1000 | | | | | |
| | | | | | TAK | 3.80 | |
| | | | | | | | |
| | | | | | 2 | | |
| | | | | - | | | |
| | , , , , , | | | | | | |
| Polo | KA | | | | | | |
| | 1675 | | | *************************************** | | | |
| | 1.11 | < | | | | | |
| | Thous. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| II Material is guarantee | | | | | | | and specificatio |
| rovided for the above w | ork, and was o | completed in a | substantial work | nanlike man | ner for the agr | C | 2.80 |
| | | | | | | _Dollars (\$ | 5 00 |
| his is a 🗆 Partial 🖵 Fu | Il invoice due ar | nd payable by: | Month | | Day | | Year |
| a coccurdance with our | □ Agroomen* | Proposal | No. | Dated | 10 | 8 | 10 |
| n accordance with our | ☐ Agreement | ☐ Proposal | 140. | Dateu | Month | Day | Year |
| TC8122 | | CONT | RACTORS | INVOI | CE | | |

CONTRACTORS INVOICE

Well depth = 180' per KD phoneon with Fragle 10-14-09

Invoice

A

Anatek Labs, Inc. E. 504 Sprague Ave. Suite D Spokane, WA 99202 (509) 838-3999

| DATE | INVOICE# |
|----------|----------|
| 3/3/2000 | 16296 |

| BILL TO | |
|--|--|
| KATHY JUNEAU P.O. BOX 695 KETTLE FALLS, WA 99141 | |
| | |

| | | P.O. NO. | TERMS | PROJECT |
|----------|-------------|----------|-------|---------|
| QUANTITY | DESCRIPTION | l | RATE | AMOUNT |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total | \$0.0 |

Please Note: Effective January 1, 2000, the price for Coliform Bacteria testing has increased to \$12.50.