

506037

WATER WELL REPORT

Start Card No. W120222

STATE OF WASHINGTON

Unique Well I.D. # APP373

Water Right Permit No.

(1) OWNER: Name LAIRD, KEN Address 229 SHILOH DR. COLVILLE, WA 99114-

(2) LOCATION OF WELL: County STEVENS - NE 1/4 NE 1/4 Sec 18 T 36 N., R 39E WM

(2a) STREET ADDRESS OF WELL (or nearest address) SP 45-94-3,

(3) PROPOSED USE: DOMESTIC

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well (If more than one) 1 Method: ROTARY NEW WELL

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 in formation.

(5) DIMENSIONS: Diameter of well 6 inches Drilled 127 ft. Depth of completed well 126 ft.

Table with columns: MATERIAL, FFCM, TC. Rows include BROWN SAND GRAVEL, CLAY, BROWN SAND GRAVEL, BROWN SILT MOIST, BROWN CLAY WITH GRAVEL, BROWN SILT MOIST, BLUE SILT GRAVEL, SAND GRAVEL, ROCK.

(6) CONSTRUCTION DETAILS: Casing installed: 6 " Dia. from +2 ft. to 126 ft. WELDED " Dia. from ft. to ft. " Dia. from ft. to ft. Perforations: NO Type of perforator used SIZE of perforations in. by in. perforations from ft. to ft. perforations from ft. to ft. perforations from ft. to ft.

Screens: NO Manufacturer's Name Type Model No. Diam. slot size from ft. to ft. Diam. slot size from ft. to ft.

Gravel packed: NO Size of gravel Gravel placed from ft. to ft.

Surface seal: YES To what depth? 19 ft. Material used in seal: BENTONITE Did any strata contain unusable water?: NO Type of water: Depth of strata: ft. Method of sealing strata off:

(7) PUMP: Manufacturer's Name Type NONE H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ft. Static level -60 ft. below top of well Date 12/07/99 Artesian Pressure lbs. per square inch Date Artesian water controlled by: CAP

Work started 12/06/99 Completed 12/07/99

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.

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.

Was a pump test made? NO If yes, by whom? Yield: gal./min with ft. drawdown after hrs.

NAME FOGLE PUMP & SUPPLY, INC. (Person, firm, or corporation) (Type or print)

Recovery data Time Water Level Time Water Level Time Water Level

ADDRESS COLVILLE, WA 800-533-6518

Date of test / / Bailer test gal./min. ft. drawdown after hrs.

[SIGNED] Ron Hum License No. 225E

Air test 20- gal./min. w/ stem set at 126 ft. for 1 hrs. Artesian flow g.p.m. Date

Contractor's Registration No. FOGLEPS095L4 Date 01/25/00

Temperature of water Was a chemical analysis made? NO