

# WATER WELL REPORT

State of Washington Date Printed: 15-Dec-2014 Log No. 0  
 Construction / Decommission: Original Construction Notice

CURRENT Notice of Intent: WE18761  
 Unique Ecology Well I.D. No: BIO601  
 Water Right Permit Number:  
 OWNER: LAWSON, TOM

OWNER ADD 4597 MITCHELL RD.  
 NORTHPORT, WA 99157

Well Add 4597 Mitchell Rd.  
 City: Northport, WA 99157 County: Stevens  
 Location: NW 1/4 NE 1/4 Sec 20 T 40 R 40 EW  
 Lat/Long: (s, t, r still REQUIRED) Lat Deg Lat Min/Sec Long Deg Long Min/Sec  
 Tax Parcel No.: 5091705

**PROPOSED USE: DOMESTIC**

**TYPE OF WORK:** Owners's Well Number: (If more than one well)  
**NEW WELL** Method: **ROTARY**

**DIMENSIONS:** Diameter of well: 6 inches  
 Drilled 300 ft. Depth of completed well 300 ft.

**CONSTRUCTION DETAILS:** Casing installed **WELDED**

|                      |              |           |        |
|----------------------|--------------|-----------|--------|
| Liner installed: PVC | 6 " Dia from | +2 ft. to | 31 ft. |
| 4 " Dia from         | 20 ft. to    | 300 ft.   |        |
|                      | " Dia from   | ft. to    | ft.    |
|                      | " Dia from   | ft. to    | ft.    |

**Perforations:** Yes Used In:  
 Type of perforator used **SKILL SAW**  
 SIZE of perforations 1/4 in. by 6 in.  
 180 Perforations from 60 ft. to 300 ft.  
 Perforations from ft. to ft.  
 Perforations from ft. to ft.

**Screens:** 0 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 fro ft. to ft.

**Surface seal:** Yes To what depth 18 ft.  
 Seal method: Material used in seal **BENTONITE**  
 Did any strata contain unusable water No  
 Type of water Depth of strata  
 Method of sealing strata off

**PUMP:** Manufacture's name  
 Type: H.P. 0

**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  |
|-------------------------------|------|-----|
| BOULDERS GRAVEL SAND          | 0    | 26  |
| LIMESTONE BLACK MED           | 26   | 65  |
| QUARTZ 3 GPM                  | 65   | 67  |
| LIMESTONE BLACK MED           | 67   | 90  |
| LIMESTONE GRAY HARD           | 90   | 112 |
| LIMESTONE BLACK SOFT W/QUARTZ | 112  | 136 |
| LIMESTONE GRAY QUARTZ HARD    | 136  | 185 |
| QUARTZ                        | 185  | 206 |
| LIMESTONE BLACK SOFT          | 206  | 230 |
| LIMESTONE TAN HARD            | 230  | 239 |
| LIMESTONE BLACK VERY SOFT     | 239  | 250 |
| LIMESTONE GREEN HARD          | 250  | 258 |
| LIMESTONE GRAY HARD           | 258  | 273 |

Notes:

Work starte 08/11/2014 Complete 08/19/2014

**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: **DAVID-MEYER** License No.: **2427**

Signature: *[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: **jeanne@foglepump.com**  
 FAX: **509-684-3032** WEB Site: **www.foglepump.com**

**WELL TESTS:** Drawdown is amount water level is lowered below static level.  
 Was a pump test made No If yes, by whom  
 Yield: gal/min with ft drawdown after  
 Yield: gal/min with ft drawdown after  
 Yield: gal/min with ft drawdown after

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:  
 Bailer test gal/min ft drawdown after hrs.  
 Air test 3 gal/min w/ stem set at 299 ft. for 1 hours  
 Artesian flow gpm Date  
 Temperature of water Was a chemical analysis made No

Contractor's Registration No.: **FOGLEPS095L4** Date Log Created: **10/20/2014**

"The Water Professionals"



316 West Fifth  
Colville, WA 99114  
1-800-533-6518  
(509) 684-2569 Phone  
(509) 684-3032 Fax

P.O. Box 456  
1 Smith Drive  
Republic, WA 99166  
1-800-845-3500  
(509) 775-2878 Phone  
(509) 775-0498 Fax

(Spokane)  
P.O. Box 1450  
12019 W. Sunset Hwy.  
Airway Height, WA 99001  
1-800-343-9355  
(509) 244-0846 Phone  
(509) 244-2875 Fax

Well Drilling . Pumps . Water Treatment

### HYDRO-FRACTURING LOG

ORIGINAL NOTICE OF INTENT \_\_\_\_\_ NOTICE OF INTENT NO. WE18761  
UNIQUE ID NO. BIO601  
TAX PARCEL NO. 5091705

OWNER: TOM LAWSON  
MAILING ADDRESS: 4597 MITCHELL RD NORTHPORT 99157  
WELL ADDRESS: 4597 MITCHELL RD NORTHPORT 99157  
LEGAL: COUNTY STEVENS NW 1/4 NE 1/4 SEC 20 TWN 40 RNG 40

TOTAL DEPTH 300 DIAMETER 6

WELL TESTS:  
YEILD: GAL/MIN WITH FT. DRAWDOWN AFTER HOURS  
PRE-FRAC: 3  
POST-FRAC: \_\_\_\_\_

HYDRO-FRACTURING LOG: HYDRO-FRACTURED AT DEPTHS OF:  
180 - 300 700 PSI → 400 PSI  
50 - 300 200 PSI → 100 PSI  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HYDRO-FRACTURE CERTIFICATION:  
I HYDRO-FRACTURED AND/OR ACCEPT RESPONSIBILITY FOR THE HYDRO-FRACTURE OF THIS WELL AND ITS COMPLIANCE WITH ALL WASHINGTON STANDARDS FOR THIS PROCEDURE. ALL INFORMATION ON THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DRILLER: JONATHAN PAYNE LIC. NO. 3159  
(please print)

CONTRACTOR NAME: FOGLE PUMP & SUPPLY, INC.  
ADDRESS: 316 W. 5TH COLVILLE, WA 99114  
PHONE: 509-684-2569 TOLL FREE: 1-800-533-6518 FAX: 509-684-3032

SIGNED: \_\_\_\_\_ LIC. NO. 3159

CONTRACTOR'S REGISTRATION NO. FOGLEPS095L4

START DATE: \_\_\_\_\_ FINISH DATE: 8/19/2014

Well ID# BIO-601

Phone 675-0837

# Fogle Pump & Supply, Inc.

## Customer Pump & System Record

Name Tom Lawson Date 8-21-14

Address 4597 Mitchell Rd

Well Billing Address \_\_\_\_\_

Legal Description \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 SECT 20 T 40 R 40

Water Use, Domestic  Irrigation \_\_\_\_\_ Subdivision \_\_\_\_\_ Other \_\_\_\_\_

Well Depth 300 ID 1/2 x 4" GPM \_\_\_\_\_ Static 20'

Pump Brand ~~Pentek~~ Goulds  New - Used

Pump Model # 5gpm 56510 GPM \_\_\_\_\_ PSI \_\_\_\_\_

Pump Serial # 27142 Date Code ~~04E45C14~~

Motor Brand Pentek  New - Used

Motor HP ~~1~~ 1 Volts 230 Phs 3

Motor Serial # ~~230251~~ 220453 Date Code ~~D2542C1213X~~

Warranty # \_\_\_\_\_ 5 yr.  1 yr. \_\_\_\_\_ None \_\_\_\_\_

Pump Protector Type Syncom 231 Brand \_\_\_\_\_ Model \_\_\_\_\_

Tank Brand \_\_\_\_\_ Model \_\_\_\_\_ Warranty \_\_\_\_\_ yrs.

Pump Setting 280' pipe Pipe Size 1" Pipe Type Sch 120

Wire in well Size #18-4 Type sub

Pitless Size 1" seal Brand Dickens

Well House \_\_\_\_\_ Pit \_\_\_\_\_ Other, Explain \_\_\_\_\_

Distance to House \_\_\_\_\_ Elevation 40' Pipe Size & Type \_\_\_\_\_

Distance to Power Supply \_\_\_\_\_ Wire Size & Type \_\_\_\_\_

Location of Control House

Drilled By \_\_\_\_\_ Installed By MS/SB

Dug By \_\_\_\_\_ Electrical By \_\_\_\_\_

Comments:

Invoice # \_\_\_\_\_