

WATER WELL REPORT

Water Right Permit No.

(1) OWNER: Name STAVE BROOKS Address 1427 Chapin Rd. Evans, WA 99122

(2) LOCATION OF WELL: County Stevens E 1/2 NE 1/4 Sec 12 T. 37 N. R. 98 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address):

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

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

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

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

MATERIAL	FROM	TO
overburden	0	2
Brown Clay & Gravel	2	25
Brown Clay Damp	25	30
Shale - Black - Med - soft	30	45
Shale - Grey - Med	45	90
Shale - Black - 1/2 GPM	90	95
Shale - Grey - Med	95	130
Shale & Quartz - 1 GPM	130	133
Shale - Grey - Med - Hard	133	265
Shale & Quartz - 1/2 GPM	265	270
Shale - Grey - Med	270	360

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 360 feet. Depth of completed well 360 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 Diam from 21 ft. to 37 ft.
Wellhead 4 Diam from 25 ft. to 360 ft.
Liner installed
Threaded Diam from _____ ft. to _____ ft.

Perforations: Yes No
Type of perforator used _____
SIZE of perforations _____ ft. by _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ 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 12 ft. below top of well Date 3/17/97
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. vers. etc.)

THIS ORIGINAL WELL REPORT MUST BE COMPLETELY FILLED OUT AND SIGNED BY DRILLER, THIS IS THE OFFICIAL COPY.
Work started 3/14 '97 Completed 3/25 '97

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

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.

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) (TYPE OR PRINT)

Date of test _____
Batter test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian _____ gal./min. with stem set at 358 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

Address _____
(Signed) Mike Leann License No. 1451
(WELL DRILLER)
Contractor's Registration No. _____ Date 3/25 '97

(USE ADDITIONAL SHEETS IF NECESSARY)

46075

WATER WELL REPORT

State Card No. W062518
 Unique Well I.D. # AWY334
 Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name BROOKS, STEVE Address 1427 CHAPIN RD EVANS, WA, WA 99126-

(2) LOCATION OF WELL: County STEVENS - EX-385 NE 1/4 Sec 12 T 37 N., R 38E W4

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well (If more than one) 3-1
 DEEPEMED Method: ROTARY

(5) DIMENSIONS: Diameter of well 6 inches
 Drilled 280 ft. Depth of completed well 520 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: " Dia. from ft. to 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
 Gravel placed from ft. to ft. Size of gravel ft.

Surface seal: NO To what depth? ft.
 Material used in seal
 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
 Static level 20 ft. above mean sea level ... ft. Date 01/05/96
 Artesian Pressure lbs. per square inch
 Artesian water controlled by CAP

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

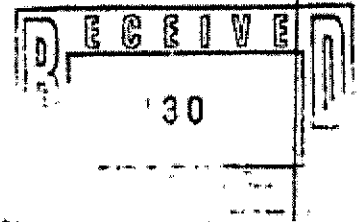
Was a pump test made? NO If yes, by whom?
 Yield: gal./min with ft. drawdown after hrs.

Recovery data
 Time Water Level Time Water Level Time Water Level

Date of test / /
 Bailor test gal./min. ft. drawdown after hrs.
 Air test 1.75 gal./min. w/ steel set at 519 ft. for 1 hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? NO

(10) WELL LOG
 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.

MATERIAL	FROM	TO
SHALE QUARTZ STRINGERS	240	520
	520	



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.

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

ADDRESS 316 W 5TH

(SIGNED) *Tasawnd Conkido* License No. 1895

Contractor's Registration No. FOGLEPS095L4 Date 01/05/96