

WATER WELL REPORT

Start Card No. 057175

STATE OF WASHINGTON

Water Right Permit No. _____

(1) OWNER: Name DAVID WALLACE Address 789 Skidmore Road Colville, WA 99114
(2) LOCATION OF WELL: County Stevens SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 9 T. 34 N., R. 39 W.M.

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

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 180 feet. Depth of completed well 180 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 in. Diam. from +2 ft. to 138 ft.
Welded 4 in. Diam. from 120 ft. to 180 ft.
Liner installed Threaded

Perforations: Yes No
Type of perforator used saw
SIZE of perforations 1/4 in. by 6 in.
40 perforations from 120 ft. to 180 ft.

Screens: Yes No
Manufacturer's Name _____
Type _____ Model No. _____
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? 18 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 100 ft. below top of well Date 5/19/92
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
Was a pump test made? Yes No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

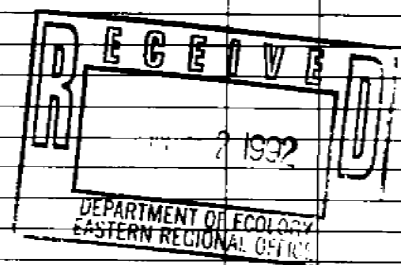
Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Bailer test 10-15 gal./min. with _____ ft. drawdown after _____ hrs.
Airtest 175 gal./min. with stem set at 1 ft. for _____ 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
Top soil	0	2
Grey clay	2	70
Black clay hard	70	90
Grey clay hard	90	130
Grey hard, small stone	130	170
Soft brown sand stone	170	175
Grey rock	175	180



Work started 5/19, 1992. Completed 5/19, 1992

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 COLVILLE WA 99114
(Signed) Mike Ball / by MH License No. 1251
Contractor's Registration No. FOGLEPS095L4 Date 5/19, 1992

(USE ADDITIONAL SHEETS IF NECESSARY)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.