

Start Card No. W094142
Unique Well I.D. # ACT876
Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name **BRECKON, WILLISON** Address **3841 SETTINERI SPRING VALLEY, CA 99977-**

(2) LOCATION OF WELL: County **STEVENS**

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

(3) PROPOSED USE: **DOMESTIC**

(4) TYPE OF WORK:

Owner's Number of well
(If more than one) **1**

NEW WELL Method: **ROTARY**

(5) DIMENSIONS:

Diameter of well **6** inches
Drilled **320** ft. Depth of completed well **320** ft.

(6) CONSTRUCTION DETAILS:

Casing installed: **6** " Dia. from **+1** ft. to **43** ft.
WELDED **4** " Dia. from **28** ft. to **320** ft.
" Dia. from ft. to ft.

Perforations: **YES**
Type of perforator used **SKILL SAW**
SIZE of perforations **1/8** in. by **6** in.
80 perforations from **180** ft. to **320** 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? **18** 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 **CASING**

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

(8) WATER LEVELS:

Land surface elevation
above mean sea level ... ft.

Static level **30** ft. below top of well Date **09/29/97**
Artesian Pressure lbs. per square inch Date
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 / /					
Bailer test	gal./min.	ft. drawdown after		hrs.	
Air test 25	gal./min. w/ stem set at 319	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. at least one entry for each change in formation.

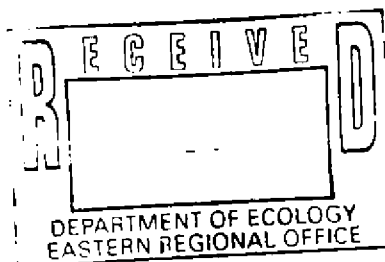
MATERIAL	FROM	TO
DIRT	0	2
DECOMPOSED GRANITE TAN	2	25
HARD CLAY WITH	25	37
BROKEN GRANITE SOME	37	
WHITE QUARTZ	37	
GRANITE HARD	37	43
GRANITE MEDIUM HARD	43	301
GRANITE FRACTURED WATER BEARING	301	302
GRANITE HARD	302	320

RECEIVED

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work started **09/26/97** Completed **09/29/97**

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**
(SIGNED) *[Signature]* License No. **1895**
Contractor's
Registration No. **FOGLEPS095L4** Date **09/30/97**



Work started 09/26/97

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(Person, firm, or corporation) (Type or print)

ADDRESS 316 W 5TH COLVILLE, WA

(SIGNED) George C. [illegible] License No. 1895

Contractor's

Registration No. **FOGLEPS095L4**

Date 09/30/97

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