

WATER WELL REPORT

Notice of Intent **W165962**

Date Printed 15 Oct 2002

Unique Well I D No **AHB548**

Log No **23602**

121626

State of Washington

Water Right Permit Number

(1) OWNER **ZELLWEGER LINDA** Address **1526 PINGSTON CREEK RD Kettle Falls WA 99141**

(2) LOCATION OF WELL County **STEVENS** SW 1/4 NE 1/4 Sec 5 T 36 R 38E WM

(2a) Street Address of well
Tax Parcel No

(3) PROPOSED USE **DOMESTIC**

(4) TYPE OF WORK **NEW WELL** Owners s Well Number **1**
(If more than one well)
Method **ROTARY**

(10) Well Log

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

(5) DIMENSIONS Diameter of well **6** inches
Drilled **78** ft Depth of completed well **78** ft

Material	From	To
PEAT	0	2
CLAY W/GRAVEL	2	8
SANDY CLAY	8	15
CLAY BLACK W/GRAVEL	15	58
BROKEN ROCK W/GRAVEL W/WATER	58	78

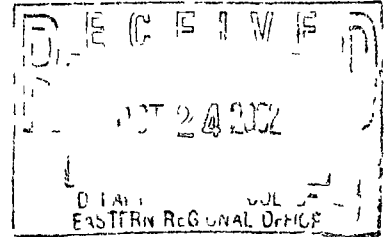
(6) CONSTRUCTION DETAILS Casing installed **WELDED**
Liner installed **NONE** **6** Dia from **+2** ft to **78** ft
Dia from ft to ft Dia from ft to ft Dia from ft to ft

Perforations used? **No** Used In
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** K Pac Location
Manufacture 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
Seal method Material used in seal **BENTONITE**
Did any strata contain unusable water? **Yes**
Type of water **SURFACE WATER** Depth of strata **8 15**
Method of sealing strata off **CASING/SEAL**



(7) PUMP Manufacture s name
Type **NONE** H P **0**

Notes
WELL PRODUCES 200+ GPM

(8) WATER LEVELS Land surface elevation above mean sea level **0** ft
Static level **FLO** ft below top of well Date **10/11/2002**
Artesian Pressure **12** lbs per square inch Date **10 11 02**
Artesian water controlled by **SEAL/VALVE**

Work started **10/10/2002** Complete **10/11/2002**

(9) WELL TEST Drawdown is amount water level is lowered below static level

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

Was a pump test made? **No** If yes by whom
Yield gal/min with ft drawdown after

DAVID MEYER License No **2427**
(Driller/Licensed Engineer)

Yield	gal/min with	ft drawdown after

Trainee Name _____ License No _____
NAME **FOGLE PUMP & SUPPLY INC** Shop **COLVILLE**
ADDRESS **316 W 5TH**

Recovery data Test Date

Time	Water Level	Time	Water Level	Time	Water Level

Colville WA 99114
Phone **509 684 2569** Toll Free **800 533 6518**
E Mail

Bailer test gal/min ft drawdown after hrs
Air test **200** gal/min w/ stem set at **77** ft for **5** hours
Artesian flow **185** gpm Date **10 11-02**
Temperature of water Was a chemical analysis made **No**

FAX **509 684 3032** WEB Site **www.foglepump.com**
[SIGNED] *David Meyer* License No **2427**
(Driller/Licensed Engineer)
Contractor s Registration No **FOGLEPS095L4** Date Log Created **10/15/02**

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