

File Original and First Copy with
Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

Start Card No. W21978UNIQUE WELL I.D. # ABJ68489031(1) OWNER: Name Marti Alvstad Address 5812 Willow Creek Rd. N. Las Vegas, NV(2) LOCATION OF WELL: County Ferry SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 14 T. 40 N. R. 36E W.M.

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

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater(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 100 feet. Depth of completed well 100 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from +1 ft. to 95 ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.
Liner installed ☐ " Diam. from _____ ft. to _____ ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.Perforations: Yes ☐ 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: Yes ☒ No ☐Manufacturer's Name CookType stainless Model No. _____Diam. 5 Slot size 14 from 95 ft. to 100 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 BentoniteDid 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 40 ft. below top of well Date 4/20/94
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.

" " " "

" " " "

" " " "

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. with _____ ft. drawdown after _____ hrs.

Airstest 25 gal./min. with stem set at 97 ft. for .5 hrs.

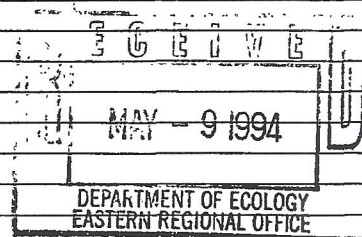
Artesian flow _____ g.p.m. Date _____

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
overburden	0	2
sand	2	18
sand & gravel	18	23
sand, brown	23	50
sand & water	50	100

Work Started 4/19/94, 19. Completed 4/19/94, 19

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 Fogle License No. 1451
(WELL DRILLER)Contractor's Registration No. FOGLEPS09514 Date 4/20/94, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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

WATER WELL REPORT

Notice of Intent W134795



Date Printed 22-Jun-2001

Unique Well I D No AFR973

Log No 0

State of Washington

Water Right Permit Number

98967

(1) OWNER ALVSTAD, MARTY

Address P O BOX 233 Laurier, WA 99146

LOCATION OF WELL County FERRY

SW 1/4 SW 1/4 Sec 14 T 40 R 36E WM

(2a) Street Address of well

Tax Parcel No

(3) PROPOSED USE DOMESTIC

(4) TYPE OF WORK Owners' Number of well
NEW WELL (If more than one well) 2

Date 06/20/2001 Method CABLE

(10) Well Log

Information 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 80 ft Depth of completed well 80 ft

(6) CONSTRUCTION DETAILS Casing installed WELDED

Liner installed 6 " Dia from +2 ft to 74 ft
" Dia from 5 " Dia from 72 ft to 75 ft
" Dia from " Dia from ft to ft

Material	From	To
BROWN SAND SOME GRAVEL	0	15
BROWN SAND MEDIUM	15	45
BROWN SAND MEDIUM FINE SATURATED	45	55
BROWN SAND MEDIUM SATURATED	55	80

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 Yes K-Pac Location

Manufacture's Name JOHNSON

Type STAINLESS Model No

Diam 5 slot size 020 from 75 ft to 80 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? No

Type of water Depth of strata

Method of sealing strata off

(7) PUMP Manufacture's name

Type NONE HP 0

Notes

(8) WATER LEVELS Land-surface elevation
above mean sea level 0 ft

Static level 40 ft below top of well Date 06/19/2001

Artesian Pressure lbs per square inch Date

Artesian water controlled by

Work started 06/14/2001

Completed 06/19/2001

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

JAMES NOONAN

License No 0362

(Driller/Licensed Engineer)

Trainee Name

License No

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

FAX 509-684-3032

WEB Site www.foglepump.com

(SIGNED) James F. Noonan License No 0362

(Driller/Licensed Engineer)

Contractor's

Registration No

FOGLEPS095L4

Date Log Created 6/20/01

Bailer test gal/min ft drawdown after hrs

Air test 35 gal/min w/ stem set at 5 ft for 1 hours

Artesian flow gpm Date

Temperature of water Was a chemical analysis made No