

File Original and First Copy with
Department of Ecology
Second Copy—Owner's Copy
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WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. XXXXXXXXXX

Water Right Permit No. _____

OWNER: Name VERN TOOLEY

Address RT 2 BOX 529 Kettle Falls

(2) LOCATION OF WELL: County STEVENS

TAX# 6
W. NE Sec 21 T. 40 N. R. 37 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 _____ inches.
Drilled _____ feet. Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 1 ft. to 154 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 _____

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? 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 _____

Static level 70 ft. below top of well Date 12/29/89

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: 10 gal./min. with _____ ft. drawdown after _____ hrs.

EST. AIR LIFT " " " "

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.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

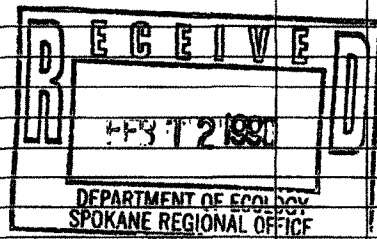
Artesian flow _____ g.p.m. Date _____

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
SAND BOULDERS & CLAY	0	36
SAND & CLAY BROWN	36	80
SAND & CLAY GRAY	80	92
SAND & CLAY BROWN	92	115
SAND & CLAY GRAY	115	127
SAND & CLAY BROWN	127	148
SAND & GRAVEL BROWN	148	155



Work started 12/29, 19 89. Completed 12/29, 19 89

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 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 316 W 5TH COLVILLE

(Signed) William B Davis License No. 1356
(WELL DRILLER)

Contractor's
Registration
No. P5 194 MF Date 12/29, 19 89

(USE ADDITIONAL SHEETS IF NECESSARY)