

WATER WELL REPORT

Start Card No. W074432

Unique Well I.D. # ACM937

Water Right Permit No.

STATE OF WASHINGTON

OWNER: Name HENDERSON, TROY

Address 157 W. WYNNIE COLVILLE, WA 99114-

(2) LOCATION OF WELL: County STEVENS

- NW 1/4 NE 1/4 Sec 13 T 35 N., R 39E WM

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

(3) PROPOSED USE: DOMESTIC

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well 1
(If more than one)
NEW WELL Method: ROTARY

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 in formation.

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 200 ft. Depth of completed well 200 ft.

MATERIAL	FROM	TO
OVERBURDEN	0	2
BROWN CLAY GRAVEL	2	13
HARDPAN CLAY GRAVEL	13	22
LIMESTONE WHITE HARD	22	70
LIMESTONE TAN FRACTURED	70	75
LIMESTONE GRAY MEDIUM	75	115
LIMESTONE BROWN W/WATER	115	117
LIMESTONE GRAY MEDIUM	117	185
LIMESTONE FRACTURED W/WATER	185	187
LIMESTONE GRAY MEDIUM	187	200

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Dia. from +1 ft. to 30 ft.
WELDED 4 " Dia. from 10 ft. to 200 ft.
" Dia. from ft. to ft.

Perforations: 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: 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.

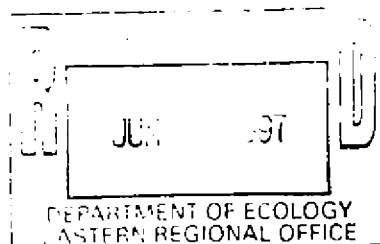
Surface seal: YES To what depth? 19 ft.

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



Work started 05/22/97

Completed 05/23/97

(7) PUMP: Manufacturer's Name

Type NONE

H.P.

(8) WATER LEVELS:

Land-surface elevation

above mean sea level ... ft.

Static level 15 ft. below top of well Date 05/23/97

Artesian Pressure lbs. per square inch Date

Artesian water controlled by CAP

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

[SIGNED] Mike Keam License No. 1451

Contractor's

Registration No. FOGLEPS095L4

Date 05/28/97

(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 7 gal/min. w/ stem set at 198 ft. for 1 hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? NO