

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

WATER WELL REPORT

STATE OF WASHINGTON

Standard No. 050917

Water Right Permit No.

(1) OWNER: Name Charles A. Oversby

Address Box 101 Medical Lake, WA 99022

(2) LOCATION OF WELL: County Stevens

E1/2 NE NE Sec. 23 T. 32 N. R. 39 W.M.

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

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(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

(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 260 feet. Depth of completed well 260 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 1.5 ft. to 38.5 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? 10 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 _____ ft.

Static level _____ ft. below top of well Date _____

Artisan pressure _____ lbs. per square inch Date _____

Artisan 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.

No water " " " "

Recovery data (time taken to zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Work started 10-24-92 _____ 19 Completed 10-27-92 _____ 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 Ponderosa Drilling & Development, Inc.

(PERSON, FIRM, OR CORPORATION)

(TYPE OR PRINT)

Address East 6010 Broadway Spokane WA 99212

(Signed) Marty Rugo License No. 2038

Contractor's WELL DRILLER (Marty Rugo)

Registration FOUNDED *248JE Date October 28, 1992

No. _____

(USE ADDITIONAL SHEETS IF NECESSARY)



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

note: 500 gallon Holding Tank under Home Filled by well