2

e Original and First Copy with WATER WE	Start Card No. W5 / 236 LL REPORT UNIQUE WELL I.D. # ABQ886
and Carry Commerce Carry (1)	MACHINICTON
	water Right Permit No. WA 991/11 dress 1715 Northport-Flatcreek Rd. KettleF
OCATION OF WELL: County Stevens STREET ADDRESS OF WELL (or nearest address)	- <u>NW</u> 1/4 <u>NW</u> 1/4 Sec. <u>27</u> T. <u>37</u> N., R <u>37F.</u> WI
PROPOSED USE: Domestic Industrial Municipal	(10) WELL LOG OF ABANDONMENT PROCEDURE DESCRIPTION
☐ Irrigation ☐ DeWater Test Well ☐ Other ☐	Formation: Describe by color, character, size of material and structure, and show thickness of aquife and the kind and nature of the material in each stratum penetrated, with at least one entry for each
TYPE OF WORK: Owner's number of well (If more than one)	change of information. MATERIAL FROM TO
Abandoned	med. hard grey rock 410 605
DIMENSIONS: Diameter of well 6 inches. Drilled 195 feet. Depth of completed well 605 ft.	
	water 595
CONSTRUCTION DETAILS: Casing installed: ft. to ft. to ft.	
Welded ☐ biam. from ft. to ft.	
Threaded Diam. from ft. to ft.	·
Perforations: Yes No No	
Type of perforator usedin. byin.	
perforations fromft. toft.	
perforations from ft. toft.	
perforations from ft. to ft.	
Screens: Yes No 🕅	
Manufacturer's Name	
DiamSlot sizefromft. toft.	
Diam. Slot size from ft. to ft.	
Gravel packed: Yes No 🕅 Size of gravel	
Gravel placed fromft. toft.	
Surface seal: Yes 🗷 No 🗆 To what depth? <u>existing</u> ft.	
Material used in seal	PARI & APPR
Type of water? Depth of strata	
Method of sealing strata off	
DIMD: Manufacturada Nama	
PUMP: Manufacturer's Name Type:	
WATER LEVELS: Land-surface elevation	Work Started 11/9/94 , 19. Completed 11/10/94 , 19
above mean sea level ft. Static level 200 ft. below top of well Date 11/10/94	WELL CONSTRUCTOR CERTIFICATION:
Artesian pressure lbs. per square inch Date	·
Artesian water is controlled by (Cap, valve, etc.) WELL TESTS: Drawdown is amount water level is lowered below static level	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.
Was a pump test made? Yes No lf yes, by whom?	NAME FOGLE PUMP & SUPPLY, INC. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
77 79 71 11	Address 316 W. 5th Colville, Wa. 99114
" " " "]
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	(Signed) Will (WELL DRILLER) License No. 1251
	Contractor's Registration
	No. <u>FOGLEPS095L4</u> Date <u>11/10/94</u> , 19
Date of test	(USE ADDITIONAL SHEETS IF NECESSARY)

407-6600. The TDD number is (206) 407-6006.

Ecology is an Equal Opportunity and Affirmative Action employer. For spe-

cial accommodation needs, contact the Water Resources Program at (206)

Temperature of water

Bailer test

Airtest __

__gal./min. with

8 = 1 0 gal./min. with stem set at

ft. drawdown after

591

_g.p.m. Date

Was a chemical analysis made? Yes