

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. 028960

Water Right Permit No. _____

Address PO Box 122 Wenatchee, Wa 98807

OWNER: Name Ben McElroy

NE NE 24 37 38
* * Sec T N. R. W.M.

(2) LOCATION OF WELL: County Stevens

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

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

(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 76 feet. Depth of completed well 76 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6' Diam. from +1 ft. to 76 ft.
Welded Liner installed Threaded

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 40 ft. below top of well Date 4-5-91

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: 20-25 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 _____

Boiler 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
Overburden, gravel, small boulders	0	30
Dry overburden, course sand	30	55
Sand, wet, small gravel	55	65
Course gravel, light sand, water-heaving	65	69
Sand, heaving, course	69	72
Course gravel, good water	72	76
20 - 25 gpm		

MAY 6

Work started 4-4-91, 19. Completed 4-5-1991

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 Forle Pump & Supply, Inc
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 316 W. 5th, Colville, Wa. 99114

(Signed) Terry Corbitt /by mt License No. 1895
(WELL DRILLER)

Contractor's

Registration

No. PS194MF

Date 4-5-1991

(USE ADDITIONAL SHEETS IF NECESSARY)