

WATER WELL REPORT

STATE OF WASHINGTON

Application No _____

Permit No _____

(1) **OWNER:** Name Dr. Mrs. Max E. Carter Address No. 11505 Madison, Spokane, Wash. 99217
 (2) **LOCATION OF WELL:** County Spokane - N. 1/4 Sec. 15, T. 30 N., R. 45 W.
 and distance from section or subdivision corner

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

(4) **TYPE OF WORK:** Owner's number of well (if more than one) _____
 Method: Dug Bored
 New well Cable Driven
 Deepened Rotary Jetted
 Reconditioned

(5) **DIMENSIONS:** Diameter of well 6" inches.
 Drilled 302 ft. Depth of completed well 302 ft.

(6) **CONSTRUCTION DETAILS:**
 Casing installed: 6" Diam. from +1 ft. to 34 ft.
 Threaded " Diam. from _____ ft. to _____ ft.
 Welded " 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 Asph/Flt
 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 2600
 above mean sea level. Date 5-15-79
 Static level 30 ft. below top of well
 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: _____ gal./min. with _____ ft. drawdown after _____ hrs.
"5-7 gpm. air and pump"

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

Rate of test _____
 per test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(10) **WELL LOG:**
 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 formation

MATERIAL	FROM	TO
Top soil	0	1
Dry sand	1	30
broken granite & clay	30	34
Med - soft granite	34	52
med granite	52	77
Hard granite	77	95
Soft dirty granite	95	102
Hard granite	102	145
Broken fractures med. granite	145	152
trace of water		
Soft to med granite	152	187
Hard granite	187	223
Hard granite - some color chg	223	302

RECEIVED
 MAY 31 1979
 DEPARTMENT OF ECOLOGY
 SPOKANE REGIONAL OFFICE

Work started 4-21 1979 Completed 4-22 1979

WELL DRILLER'S STATEMENT:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Intermountain Drilling (Person, firm, or corporation) (Type of print)
 Address P.O. Box 312, Priest River, ID
 [Signed] Gordon D. Rupp (Well Driller)
 License No. 0188 Date 5-15 1979

5/31/79