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WATER WELL REPORT

STATE OF WASHINGTON

Start Card No.

W58357

UNIQUE WELL I.D. #

ABV331

Water Right Permit No.

OWNER: Name Lee Roy Holms Address 227 Shiloh Dr. Colville, Wa. 99114(2) LOCATION OF WELL: County Stevens 1/4 NE 1/4 Sec 32 T 35 N. R 40E WM.

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

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater(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 520 feet. Depth of completed well 520 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from +1 ft. to 19 ft.
Welded ☐ Diam. from 4 ft. to 520 ft.
Liner installed ☒ Threaded ☐ Diam. from _____ ft. to _____ ft.Perforations: Yes ☒ No ☐ in linerType of perforator used skilsaw

SIZE of perforations _____ in. by _____ in.

every 2 perforations from 14 ft. to 520 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 bentoniteDid any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(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
dirt, sands, gravel	0	8
rusty granite, med. hard	8	12
rusty and grey granite, med. hard, trace water at 26'	12	26
rusty and grey granite, med. hard, trace water at 35'	26	35
grey granite, med. hard	35	238
grey granite, fractured zone from 238-244, soft trace of water	238	244
grey granite, med. soft, trace water at 350'	244	350
grey granite, med. soft, trace of water at 490'	350	490
grey granite, med. soft	490	520

(7) PUMP: Manufacturer's Name _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level 30 ft. below top of well Date 2/7/95
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.

" " " "

" " " "

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 _____

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Airtest 1 1/2 gal./min. with stem set at 519 ft. for 1 hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒Work Started 2/2/95 19 Completed 2/7/95 19 95

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 Colville, Wa. 99114(Signed) Terry D. Cook License No. 1895
(WELL DRILLER)Contractor's
Registration
No. FOGLEPS095L4 Date 2/7/95 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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