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

WATER WELL REPORT

STATE OF WASHINGTON

Application No. .....

Permit No. ....

(1) OWNER: Name Jim Baker Address .....

(2) LOCATION OF WELL: County ~~Spokane~~ Pend Oreille W½ SW¼ NW¼ NE¼ SW¼ Sec. 32 T. 31 N., R. 44 W.M.

Bearing and distance from section or subdivision corner 1060 W + 125' S center NW¼ NE¼ SW¼ Sec 32

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 72 ft. Depth of completed well 72 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 66 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 ☐ Johnson
Manufacturer's Name .....
Type ..... Model No. .....
Diam. ..... Slot size 30 from 66 ft. to 72 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 Cement, 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 Sta-Rite
Type: Submr. H.P. 1

(8) WATER LEVELS: Land-surface elevation above mean sea level .... ft.
Static level 12 ft. below top of well Date 10/13/75
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 .....
ailer test ..... gal./min. with ..... ft. drawdown after ..... hrs.
Artesian flow ..... 12 ..... 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
Overburden	0	3
Sand, fine	3	27
Clay, sand	27	56
Med. sand	56	63
Coarse sand, Broken rock	63	72

Work started 10/7, 19 75 Completed 10/13, 19 75

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 Sams Drilling
(Person, firm, or corporation) (Type or print)

Address Box 29, Elk, Wash. 99009

[Signed] Herbert D Sams
(Well Driller)

License No. 0454 Date 10/16, 19 75

(USE ADDITIONAL SHEETS IF NECESSARY)

S. F. No. 7356—OS—(Rev. 4-71). 10/20/75

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