

LAND

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No. _____

OWNER: Name Phil H. Heikamp Address _____

LOCATION OF WELL: County Stevens N 4 NW 4 Sec 26 T 35 N. R. 29 W. 1A

2c) STREET ADDRESS OF WELL (or nearest address) _____

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

(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.

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

MATERIAL FROM TO

MATERIAL	FROM	TO
Drill Cut	0	4
Grey Clay & gravel	4	26
Black sand (1st sand) & gravel	26	85
Black sand (2nd sand) & gravel	85	145
SOFT		
White Quartzes med. hard	145	210
Black sand & gravel	210	245
White sand med. hard	245	285
stone		

5) DIMENSIONS: Diameter of well 6 inches.
Drilled 285 feet. Depth of completed well 285 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 diam. from 12 ft. to 38 ft.
Welded 4" PVC diam. from 5 ft. to 285 ft.
Liner installed Threaded diam. from _____ ft. to _____ ft.

Perforations: Yes No
Type of perforator used RAW
SIZE of perforations 1/4 in. by 6 in.
200 perforations from 200 ft. to 285 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? 19 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 _____ ft.
Static level _____ ft. below top of well Date 11/7/88
Artesian pressure 1/4 lbs. per square inch Date 11/7/88
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.
5-10 GPM @ 10' drawdown
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

Work started 4/5 1988 Completed 11/7 1988

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 David Mullin (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 316 W. 1st St. Ste. 100
(Signed) [Signature] License No. 1251
(WELL DRILLER)
Contractor's Registration No. _____ Date 11/7 1988

(USE ADDITIONAL SHEETS IF NECESSARY)

WATER WELL REPORT

State of Washington Date Printed: 24-Mar-2009 Log No. 0
 Construction / Decommission: Original Construction
 Construction Notice of Intent #: 0

House

342362

CURRENT
 Notice of Intent No.: WE09300
 Unique Ecology Well I.D. No.: BAM971
 Water Right Permit Number:
 OWNER: LAWSON, ROGER & KERRY
 OWNER ADD 165 SOUTH OAK, SUITE A
 COLVILLE, WA 99114

Well Add: 417-B HOTCHKISS ROAD
 City: Colville, WA 99114 County: Stevens
 Location: NW 1/4 NW 1/4 Sec 26 T 35 R 39E EW
 Lat/Long: Lat Deg Lat Min/Sec
 (s, t, r still Long Deg Long Min/Sec
 REQUIRED)
 Tax Parcel No.: 2267900

PROPOSED USE: DOMESTIC

TYPE OF WORK: Owners's Well Number: (If more than one well)
NEW WELL Method: **ROTARY**

DIMENSIONS: Diameter of well: 6 inches
 Drilled 360 ft. Depth of completed well 360 ft.

CONSTRUCTION DETAILS: Casing installed: **WELDED**

Liner installed: PVC	6 " Dia from +2 ft. to 58 ft.	
4 " Dia from 40 ft. to 360 ft.	" Dia from ft. to ft.	" Dia from ft. to ft.

Perforations: Yes Used In: **LINER**
 Type of perforator used: **SKILL SAW**
 SIZE of perforations 1/8 in. by 6 in.

100 Perforations from 120 ft. to 340 ft.		
Perforations from ft. to ft.		
Perforations from ft. to ft.		

Screens: No K-Pac Location:
 Manufacture's Name:
 Type: Model No.
 Diam. slot size: from ft. to ft.
 Diam. slot size: from ft. to ft.

Gravel/Filter packed: No Size of Gravel
 Material placed from ft. to ft.

Surface seal: Yes To what depth 18 ft.
 Seal method: Material used in seal: **BENTONITE**
 Did any strata contain unusable water?: No
 Type of water: Depth of strata
 Method of sealing strata off

PUMP: Manufacture's name
 Type: H.P. 0

WATER LEVELS: Land-surface elevation above mean sea level: 0 ft.
 Static level 30 ft. below top of well Date 10/30/2008
 Artesian Pressure: lbs per square inch Date
 Artesian water controlled by

CONSTRUCTION OR DECOMMISSION PROCEDURE
 Formation: Describe by color, character, size of material and structure. Show thickness of aquifers and the kind and nature of the material in each stratum penetrated. Show at least one entry for each change in formation.

Material	From	To
TOP SOIL	0	5
BROWN CLAY & GRAVEL	5	14
GREY CLAY & GRAVEL	14	58
BROWNISH GREY SHALE	58	110
BLUE/GRAY SHALE	110	205
GREY LIMESTONE HARD	205	234
FRACTURED	234	239
LIMESTONE GREY MED	239	330
FRACTURES W / WATER	330	348
GREY LIMESTONE MEDIUM	348	360

MAY 15 2009

DEPARTMENT OF ECOLOGY
 EASTERN REGIONAL OFFICE

Work started 10/29/2008 Completed 11/24/2008

WELL CONSTRUCTION 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 are true to my best knowledge and belief.

Driller Engineer Trainee
 Name: **SAM BEARDSLEE** License No.: 2905T
 Signature:

If trainee, Licensed driller is: **DAVID MEYER** License No.: 2427
 Licensed Driller Signature:

Drilling Company:
 NAME: **FOGLE PUMP & SUPPLY, INC.** Shop: **COLVILLE**
 ADDRESS: 316 W. 5TH
 Colville, WA 99114
 Phone: 509-684-2569 Toll Free: 800-533-6518
 E-Mail: jeanne@foglepump.com
 FAX: 509-684-3032 WEB Site: www.foglepump.com

Contractor's
 Registration No.: **FOGLEPS096L4** Date Log Created: **11/04/2008**

WELL TESTS: Drawdown is amount water level is lowered below static level.
 Was a pump test made? No If yes, by whom?

Yield: gal/min with ft drawdown after
 Yield: gal/min with ft drawdown after
 Yield: gal/min with ft drawdown after

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
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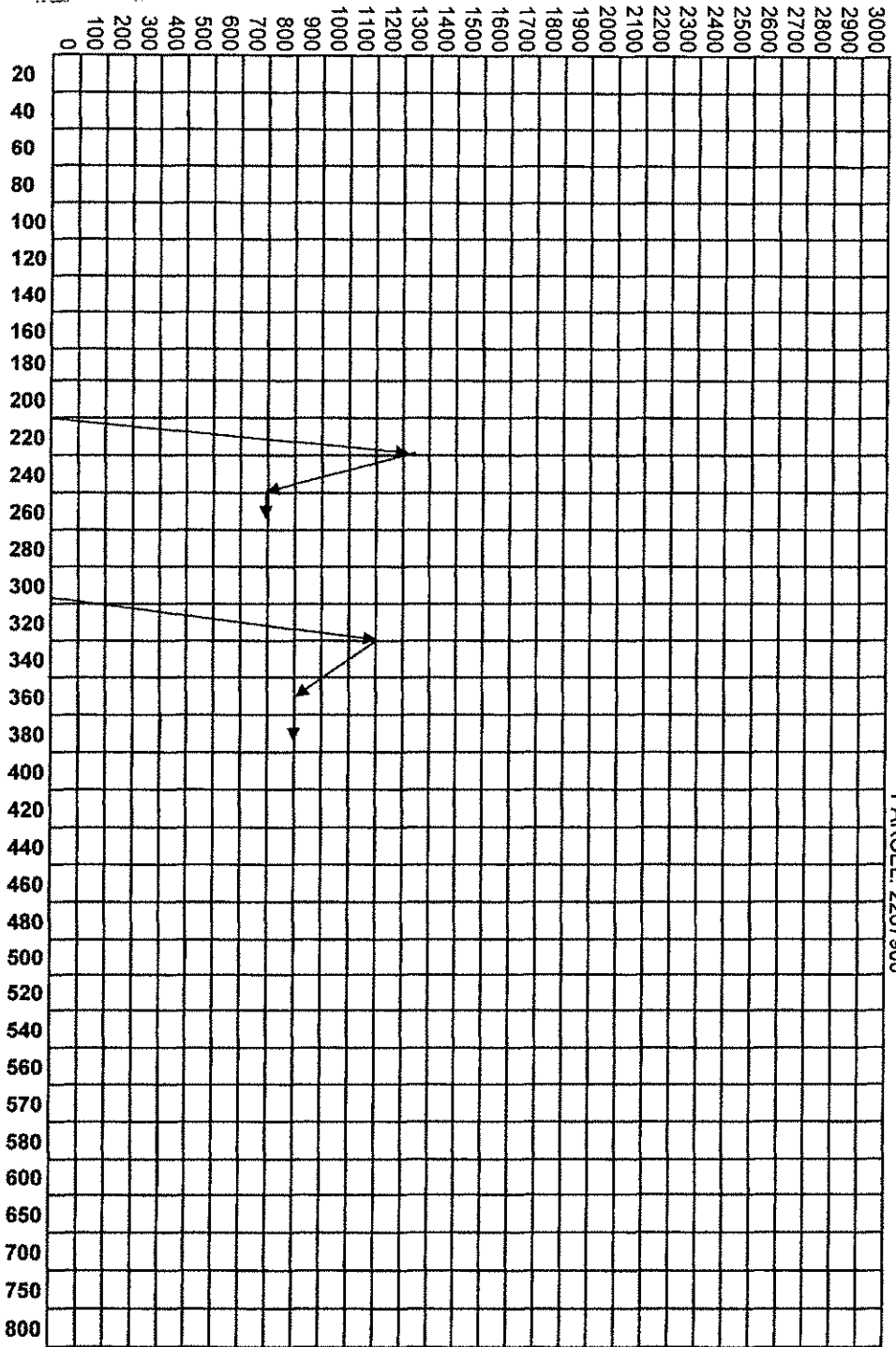
Date of test:
 Bailer test gal/min ft drawdown after hrs.
 Air test 3 gal/min w/ stem set at 360 ft. for 1 hours
 Artesian flow gpm Date:
 Temperature of water Was a chemical analysis made? No

The Department of Ecology does NOT Warranty the Data and/or the information on this Well Report.

WATER PRESSURE PSI

NAME: ROGER & KERRY LAWSON NOTICE OF INTENT: WEO9300 UNIQUE ID #: BAM971
PARCEL: 2267900

FOGLE - HYDROFRACTURING



DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE
MAY 15 2009

The Department of Ecology does NOT Warrant the Data and/or the Information on this Well Report.

"The Water Professionals"



◆ 316 West Fifth
Colville, WA 99114
1-800-533-6518
(509) 684-2569 Phone
(509) 684-3032 Fax

◆ P.O. Box 456
1 Smith Drive
Republic, WA 99166
1-800-845-3500
(509) 775-2878 Phone
(509) 775-0498 Fax

◆ (Spokane)
P.O. Box 1450
12019 W. Sunset Hwy.
Airway Heights, WA 99001
1-888-343-9355
(509) 244-0846 Phone
(509) 244-2875 Fax

Well Drilling - Pumps - Water Treatment

HYDRO-FRACTURING LOG

ORIGINAL NOTICE OF INTENT _____ NOTICE OF INTENT NO. WE09300
UNIQUE ID NO. BAM971
TAX PARCEL NO. 2267900

OWNER: ROGER & KERRY LAWSON
MAILING ADDRESS: 165 SOUTH OAK SUITE A COLVILLE, WA 99114
WELL ADDRESS: 417-BB HOTCHKISS RD COLVILLE, WA 99114
LEGAL: COUNTY STEVENS NW 1/4 NW 1/4 SEC 26 TWN 24 RNG 39E

TOTAL DEPTH 360 DIAMETER 6

WELL TESTS:
YEILD: GAL/MIN WITH FT. DRAWDOWN AFTER HOURS
PRE-FRAC: 1 1/2 PUMP TEST
3 PUMP TEST
POST-FRAC: _____

HYDRO-FRACTURING LOG: HYDRO-FRACTURED AT DEPTHS OF:
200 - 250 1200 PSI → 700 PSI
300 - 350 1100 PSI → 800 PSI
PSI → PSI
PSI → PSI

MAY 15 2009

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

HYDRO-FRACTURE CERTIFICATION:
I HYDRO-FRACTURED AND/OR ACCEPT RESPONSIBILITY FOR THE HYDRO-FRACTURE OF THIS WELL AND ITS COMPLIANCE WITH ALL WASHINGTON STANDARDS FOR THIS PROCEDURE. ALL INFORMATION ON THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DRILLER: RON HURN LIC. NO. 2258
(please print)

CONTRACTOR NAME: FOGLE PUMP & SUPPLY, INC.
ADDRESS: 316 W. 5TH COLVILLE, WA 99114
PHONE: 509-684-2569 TOLL FREE: 1-800-533-6518 FAX: 509-684-3032

SIGNED: [Signature] LIC. NO. 2258

CONTRACTOR'S REGISTRATION NO. FOGLEPSO95L4 DATE: 11/24/2008