

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

WATER WELL REPORT

Start Card No. W102927
 Unique Well I.D. # ACV856
 Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name **SISSECK, ROBERT & CAROLE** Address **409 ORIN RICE RD. COLVILLE, WA 99114-**
 (2) LOCATION OF WELL: County **STEVENS** - SW 1/4 NW 1/4 Sec 33 T 35 N., R 39E WM
 (2a) STREET ADDRESS OF WELL (or nearest address),

(3) PROPOSED USE: **DOMESTIC**

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well (If more than one) **1**
NEW WELL Method: **CABLE**

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 in formation.

(5) DIMENSIONS: Diameter of well **6** inches
 Drilled **73** ft. Depth of completed well **73** ft.

MATERIAL	FROM	TO
TOPSOIL	0	5
BROWN SAND	5	10
SATURATED BROWN SAND	10	20
BLUE CLAY	20	47
CLAY SANDY GRAVEL	47	48
BLUE CLAY	48	60
SILT SAND W/WATER	60	65
HARD SAND W/WATER	65	69
BLUE CLAY	69	73

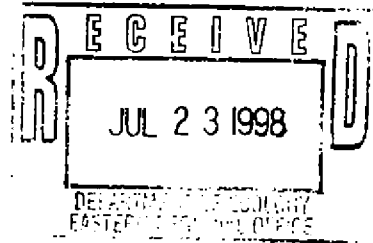
(6) CONSTRUCTION DETAILS:
 Casing installed: **6** " Dia. from **+1** ft. to **64** ft.
WELDED **5** " Dia. from **69** ft. to **73** ft.
 " Dia. from ft. to ft.

Perforations: **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**
 Manufacturer's Name **COOK**
 Type **SLOTTED** Model No. **STAINLESS**
 Diam. **5** slot size **.014** from **64** ft. to **69** ft.
 Diam. slot size from ft. to ft.

Gravel packed: **NO** Size of gravel
 Gravel placed from ft. to ft.

Surface seal: **YES** To what depth? **18** ft.
 Material used in seal **BENTONITE**
 Did any strata contain unusable water? **NO**
 Type of water? Depth of strata ft.
 Method of sealing strata off **CASING**



(7) PUMP: Manufacturer's Name
 Type **NONE** H.P.

Work started **06/25/98** Completed **06/29/98**

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
 Static level **6** ft. below top of well Date **06/29/98**
 Artesian Pressure lbs. per square inch Date
 Artesian water controlled by **CAP**

(9) 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 hrs.

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.

Recovery data
 Time Water Level Time Water Level Time Water Level

NAME **FOGLE PUMP & SUPPLY, INC.**
 (Person, firm, or corporation) (Type or print)

Date of test / /
 Bailer test **40** gal/min. **15** ft. drawdown after **1** hrs.
 Air test gal/min. w/ stem set at ft. for hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? **NO**

ADDRESS **316 W. 5TH COLVILLE, WA**
 [SIGNED] *James F. Fogle* License No. **0362**
 Contractor's
 Registration No. **FOGLEPS095L4** Date **06/30/98**