WATER WELL REPORT

Start Card No. 01[illegible]
Ind AFF.[illegible]

Water Right Permit No. _____

(1) OWNER: Name Lester Selby Address 6938 Bacon Cooksa[illegible]

(2) LOCATION OF WELL: County Stevens E½ NW ¼ Sec 16 T 31 R 40 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) #25526225

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 265 feet. Depth of completed well 265 ft.

(6) CONSTRUCTION DETAILS: w/ shoe
Casing installed: 6" Diam. from 4 2 ft. to 265 ft.
Welded ☒ Liner installed ☐ Threaded ☐
" Diam. from ft. to ft.
" 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? 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 150 ft. below top of well Date 6-22-00
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 12 gal./min. with stem set at 264 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____

(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
Top Soil	0	3
Sand gravel + 1" Boulder	3	65
Cemented Sand gravel brown	65	105
Cemented Sand w/gravel brown	105	185
Brown Clay dense	185	205
Blue clay dense	205	209
Brown clay dense	209	257
Brown sand & gravel WATER 12 GPM	257	265
12-150 $725.00		
WATER Sealed off AT 266' due to Fine sands		
228895		

THIS ORIGINAL WELL REPORT MUST BE COMPLETELY FILLED OUT AND SIGNED BY DRILLER, THIS IS THE OFFICIAL COPY.

Work started 6-20-00 Completed 6-22-00

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 _____ (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address _____

(Signed) [signature] (WELL DRILLER) License No. 2258

Contractor's Registration No. _____ Date _____, 19__