

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Inter W156670
UNIQUE WELL ID # ANA 029
Water Right Permit No _____

145362

(1) OWNER Name LARRY Betker Address P.O. Box 8037 Bend OR.

(2) LOCATION OF WELL County Stevens NW 1/4 NW 1/4 Sec 25 T 33 N R 37 WM

(2a) STREET ADDRESS OF WELL (or nearest address) 3610 Breckenridge Road
TAX PARCEL NO _____

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

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

(5) DIMENSIONS Diameter of well 6 inches
Drilled 405 feet Depth of completed well 405 ft

(6) CONSTRUCTION DETAILS
Casing Installed Welded 6 " Diam from +1 ft to 215 ft
 Liner installed 4 " Diam from -5 ft to 405 ft
 Threaded _____ Diam from _____ ft to _____ ft

Perforations Yes No
Type of perforator used Rotary perforator / skillsaw
SIZE of perforations 1 1/2 in by 1/4 in
100 perforations from 147 ft to 152 ft
lines 200 200 400

Screens Yes No K Pac Location _____
Manufacturer's Name _____
Type _____ Model No _____
Diam _____ Slot Size _____ from _____ ft to _____ ft
Diam _____ Slot Size _____ from _____ ft to _____ ft

Gravel/Filter packed Yes No Size of gravel/sand _____
Material placed from _____ ft to _____ ft

Surface seal Yes No To what depth? 20 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 _____

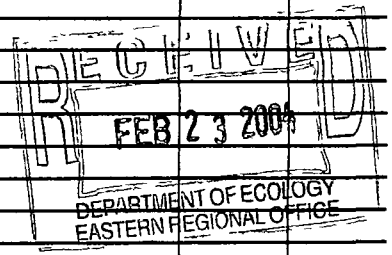
(8) WATER LEVELS Land surface elevation above mean sea level _____ ft
Static level 51 ft below top of well Date 11/35
Artesian pressure _____ lbs per square inch Date _____
Artesian water is controlled by _____ (Cap valve etc)

(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
Yield _____ gal /min with _____ ft drawdown after _____ hrs
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
Artest 8 gal/min with 400 ft drawdown after 1 hrs
Artesian flow _____ g p m Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
Formation Describe by color character, size of material and structure and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information Indicate all water encountered

MATERIAL	FROM	TO
Topsoil	0	1
Cracked marl clay	1	50
Broken rock clay	50	147
Broken Rock	147	152
Broken rock & clay	152	215
Gravel	215	262
Gravel 2-38 pm	262	264
Gray granite band	264	405



Work Started 11/5/03 Completed 12/2/03

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 above are true to my best knowledge and belief
Type or Print Name K.C. Kane License No 0257
(Licensed Driller/Engineer)
Trainee Name _____ License No _____
Drilling Company Kane Drilling
(Signed) K.C. Kane License No 0257
(Licensed Driller/Engineer)
Address 5503 E Broadway
Contractors Dickinson
Registration No D161097205 Date 12/2/03
(USE ADDITIONAL SHEETS IF NECESSARY)

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