

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

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Second Copy—Owner's Copy
Third Copy—Driller's Copy

WATER WELL REPORT

Start Card No. [REDACTED]

STATE OF WASHINGTON

Water Right Permit No. _____

(1) OWNER: Name JACK WALSH Address DEEP LAKE

(2) LOCATION OF WELL: County STEVENS Twp # 4 1/4 Sec 33 T. 39 N., R. 41 W.M.

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

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 180 feet. Depth of completed well 180 feet.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +2 ft. to 59 ft.
Welded 4 " Diam. from -8 ft. to 180 ft.
Liner installed
Threaded " 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 _____
Static level 40 ft. below top of well Date 9-16 88
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: 3-4 gal./min. with _____ ft. drawdown after _____ hrs.
" EST AIR LIFT " " " "

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 _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(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
BROWN CLAY & GRAVEL	0	57
BROKEN BROWN GRANITE	57	59
BROWN GRANITE SOFT & DAMP	59	136
BROKEN GRANITE WATER BEARING	136	137
BROWN GRANITE M HARD	137	180

SEP 26 1988

Work started 9-15, 1988 completed 9-16, 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 Fogle Pump & Supply (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 316 W 5TH COLVILLE WA

(Signed) Robert E Fowl License No. 1405 (WELL DRILLER)

Contractor's Registration No. PS 194 MF Date 9-16, 1988

(USE ADDITIONAL SHEETS IF NECESSARY)