File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT
STATE OF WASHINGTON

Application No .....
Permit No .....

(1) OWNER: Name Roger McMillan Address .....

(2) LOCATION OF WELL: County Stevens — NE ¼ NE ¼ Sec 32 T 36 N., R 39 W.M.

Bearing and distance from section or subdivision corner

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

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

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

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +1 ft. to 178 ft.
Threaded ☐ ..... " Diam. from ..... ft. to ..... ft.
Welded ☒ ..... " 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? 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 ..... ft. below top of well Date .....
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: 5 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.
Artesian flow ..... g.p.m. Date .....
Temperature of water ..... Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

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 formation.

MATERIAL	FROM	TO
Over Burden	0	1
Sand + gravel Brown	1	18
Clay gravel gray Hard	18	168
rusty Shale decomposed	168	180

RECEIVED
FEB - 6 1985
DEPARTMENT OF ECOLOGY
SPOKANE REGIONAL OFFICE

Work started 11/14 19 84 Completed 11/16 19 84

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Fogle Pump
(Person, firm, or corporation) (Type or print)

Address 316 - W 25th Colville

[Signed] William B Fogle
(Well Driller)

License No. 1256 Date 11/18 19 84