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

Start Card No. W046916
UNIQUE WELL I.D. # ABP399
Water Right Permit No. _____

(1) OWNER: Name Paul Hurn Address 1504 Evans Cutoff Rd. Evans, WA. 99126

(2) LOCATION OF WELL: County Stevens E½ SW 1/4 NE 1/4 Sec 11 T. 37 N., R 38E W.M.

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

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

(4) TYPE OF WORK: Owner's number of well (if more than one) #3
Abandoned [ ] New well [X] Method: Dug [ ] Bored [ ] Deepened [ ] Cable [ ] Driven [ ] Reconditioned [ ] Rotary [X] Jetted [ ]

(5) DIMENSIONS: Diameter of well 6 inches. Drilled 110 feet. Depth of completed well 110 ft.

(6) CONSTRUCTION DETAILS:
Casing Installed: 6 " Diam. from +1 ft. to 105 ft.
Welded [X] _____ " Diam. from _____ ft. to _____ ft.
Liner Installed [ ] _____ " Diam. from _____ ft. to _____ ft.
Threaded [ ]

Perforations: Yes [ ] No [X]
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 [X] No [ ]
Manufacturer's Name Johnson
Type stainless steel Model No. _____
Diam. 5 Slot size .020 from 105 ft. to 110 ft.
Diam. ____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes [ ] No [X] Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes [X] No [ ] To what depth? 18 ft.
Material used in seal Bentonite
Did any strata contain unusable water? Yes [ ] No [X]
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 50 ft. below top of well Date 7/7/94
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 [X] 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 30 gal./min. with stem set at 105 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes [ ] No [X]

(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
sands, gravel	0	65
clay silts, broken rock	65	74
broken rock, sands, waterbearing 30+ GPM at 110	74	110
5" x 5' x .020 slot stainless screen set from 105-110		

RECEIVED
AUG 18 1994
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work Started 7/6/94 19. Completed 7/7/94 19

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, INC.
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 316 W. 5th Colville, Wa. 99114

(Signed) Terry D. Corkill (WELL DRILLER) License No. 1895

Contractor's Registration No. FOGLEPS095L4 Date 7/7/94 19

(USE ADDITIONAL SHEETS IF NECESSARY)

ECL 050-1-20 (2/93)

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