284453

WATER WELL REPORT

~~29160~~

Amendment

State of Washington Date Printed: 31-Aug-2005 Log No. 38105

Construction/Decommission: Original Construction Notice of Intent #:
Construction

PROPOSED USE: **DOMESTIC**

TYPE OF WORK *Owners's Well Number: (If more than one well)* **01**
NEW WELL Method: **ROTARY**

DIMENSIONS: Diameter of well: **6** inches
Drilled **400** ft. Depth of completed well **400** ft.

CONSTRUCTION DETAILS:

Liner installed:
4 " Dia from **+20** ft. to **400** ft.

Casing installed: **WELDED**
6 " Dia from **+1** ft. to **39** ft.
" Dia from ft. to ft.
" Dia from ft. to ft.

Perforations: **Yes** Used In: **Liner**
Type of perforator used: **SKILL SAW**
SIZE of perforations **6** in. by **1/8** in.
800 Perforations from **20** ft. to **400** ft.
Perforations from ft. to ft.
Perforations from ft. to ft.

Screens: No K-Pac Location:
Manufacture's Name:
Type: Model No.
Diam. slot size: from ft. to ft.
Diam. slot size: from ft. to ft.

Gravel/Filter packed: No Size of Gravel
Material placed from ft. to ft.

Surface seal: **Yes** To what depth **19** ft.
Seal method: Material used in seal: **BENTONITE**
Did any strata contain unusable water?: **No**
Type of water: Depth of strata
Method of sealing strata off

PUMP: Manufacture's name
Type: H.P. **0**

WATER LEVELS: Land-surface elevation above mean sea level: **0** ft.
Static level **30** ft. below top of well Date **06/05/1998**
Artesian Pressure: lbs per square inch Date
Artesian water controlled by **CAP**

WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? **No** If yes, by whom?
Yield: gal/min with ft drawdown after
Yield: gal/min with ft drawdown after
Yield: gal/min with ft drawdown after

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 ft drawdown after hrs.
Air test **10** gal/min w/ stem set at **390** ft. for **1** hours
Artesian flow gpm Date:
Temperature of water Was a chemical analysis made? **No**

CURRENT
Notice of Intent No.: **W098360**
Unique Ecology Well I.D. No.: **ACV885**
Water Right Permit Number:
OWNER: **RODREICK, BOB**
OWNER ADDR: **2113 F. HWY 25 S. KETTLE FALLS, WA 99141**
Well Street Address:
City: County: **STEVENS**
Location: **SW** 1/4 **SW** 1/4 Sec **33** T **35** R **37E** EW
Lat/Long: (s, t, r still REQUIRED) Lat Deg Lat Min/Sec
Long Deg Long Min/Sec
Tax Parcel No.:

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure. Show thickness of aquifers and the kind and nature of the material in each stratum penetrated. Show at least one entry for each change in formation.

Material	From	To
OVERBURDEN	0	2
BROWN CLAY	2	6
BROWN CLAY W /WATER	6	8
BROWN CLAY	8	35
LIMESTONE GRAY MED	35	185
VOID SAND W/WATER	185	190
LIMESTONE GRAY MED	190	265
LIMESTONE QUARTZ W /WATER	265	275
LIMESTONE GRAY MED	275	340
LIMESTONE QUARTZ W/WATER	340	345
LIMESTONE MED HARD	345	400

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EASTERN REGION

Notes:

Work started **06/02/1998** Completed **06/05/1998**

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 are true to my best knowledge and belief.

☑ Driller ☐ Engineer ☐ Trainee

Name: **MIKE LEARN** License No.: **1451**

Signature:

If trainee, Licensed driller is: License No.:

Licensed Driller Signature: Mike Learn

Drilling Company:

NAME: **FOGLE PUMP & SUPPLY, INC.** Shop: **COLVILLE**

ADDRESS: **316 W. 5TH**
Colville, WA 99114

Phone: **509-684-2569** Toll Free: **800-533-6518**

E-Mail: **jrs@foglepump.com**

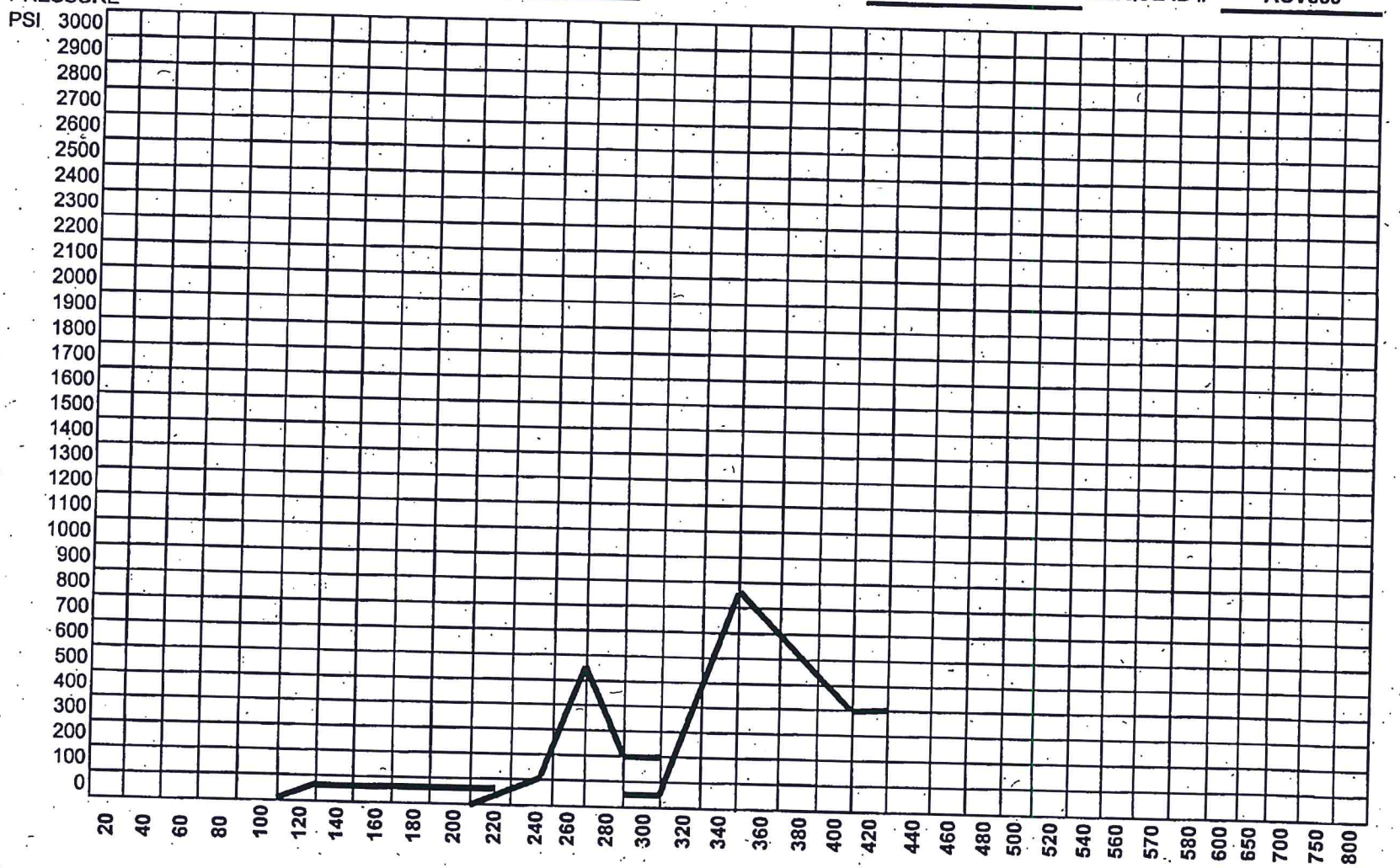
FAX: **509-684-3032** WEB Site: **www.foglepump.com**

Contractor's Registration No.: **FOGLEPS095L4** Date Log Created: **8/31/2005**

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

FOGLE - HYDROFRACTURING

WATER NAME: BOB RODREICK NOTICE OF INTENT: W155543 UNIQUE ID # ACV885



Amendment

180696

Fogle Pump & Supply, Inc.

316 West Fifth
Colville, WA 99114
1-800-533-6518
(509) 684-2569 Phone
(509) 684-3032 Fax

P.O. Box 456
1 Smith Drive
Republic, WA 99166
1-800-845-3500
(509) 775-2878 Phone
(509) 775-0498 Fax

(Spokane)
P.O. Box 1450
12019 W. Sunset Hwy.
Airway Heights, WA 99001
1-888-343-9355
(509) 244-0846 Phone
(509) 244-2875 Fax

HYDRO-FRACTURING LOG

NOTICE OF INTENT NO. W155543
UNIQUE ID NO. ACV885
LOG NO. 38205

OWNER: BOB RODREICK
MAILING ADDRESS: 2113 F HWY 25 SOUTH KETTLE FALLS, WA 99141
WELL ADDRESS: (SAME)
LEGAL: COUNTY **STEVENS** **SW** 1/4 **SW** 1/4 SEC **33** TWN **35** RNG **37**

TOTAL DEPTH 400' **DIAMETER** 6"

WELL TESTS:
YEILD: GAL/MIN WITH FT. DRAWDOWN AFTER HOURS
PRE-FRAC: 13
POST-FRAC:

HYDRO-FRACTURING LOG: HYDRO-FRACTURED AT DEPTHS OF:

100-215	NO PRESSURE BUILT
215-300	450 PSI-200
300-400	800

RECEIVED
OCT - 5 2005
DEPARTMENT OF ECOLOGY

HYDRO-FRACTURE CERTIFICATION:
I HYDRO-FRACTURED AND/OR ACCEPT RESPONSIBILITY FOR THE HYDRO-FRACTURE OF THIS WELL AND ITS COMPLIANCE WITH ALL WASHINGTON STANDARDS FOR THIS PROCEDURE. ALL INFORMATION ON THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DRILLER: ROD FOGLE (please print) **LIC. NO.** 1194
CONTRACTOR NAME: FOGLE PUMP & SUPPLY, INC.
ADDRESS: 316 W. 5TH COLVILLE, WA 99114
PHONE: 509-684-2569 **TOLL FREE:** 1-800-533-6518 **FAX:** 509-684-3032
SIGNED: [signature] **LIC. NO.** 1194
CONTRACTOR'S REGISTRATION NO. FOGLEPSO95L4 **DATE:** 10-16-01

104121

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FOGLE - HYDROFRACTURING