

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 057147

Water Right Permit No. _____

(1) OWNER: Name Maurice WilliamsonAddress Colville, WA 99114(2) LOCATION OF WELL: County StevensLot 4 NE 1/4 Sec 35 T 36 N. R. 39 W.M.

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

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

(4) TYPE OF WORK: Owner's number of well (if more than one) 1Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

MATERIAL	FROM	TO
Sand & gravel brown	0	8
Sand & clay brown	8	14
Sand & gravel brown	14	23

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 23 feet. Depth of completed well 23 ft.**(6) CONSTRUCTION DETAILS:**Casing installed: 6 ft. Diam. from +3 ft. to 23 ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
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? 18 ft.Material used in seal BentoniteDid 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 3 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: 20 gal./min. with _____ ft. drawdown after _____ hrs.

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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.

Airstest 20 gal./min. with stem set at _____ ft. for 1 hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒Work started 4/8, 19. Completed 4/8, 19 92**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) William Dennis Fogle License No. 1356

(WELL DRILLER)

Contractor's

Registration

No. FOGLEPS09514 Date 4/8, 19 92

(USE ADDITIONAL SHEETS IF NECESSARY)