

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. W060490

UNIQUE WELL I.D. # ACT 44

Water Right Permit No. _____

(1) OWNER: Name Sharon Sokell Address 1069 Phillis Road Colville

(2) LOCATION OF WELL: County Stevens 3W 1/4 NE 1/4 Sec 36T 34N R 39 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) 1
Abandoned ☐ New well ☒ Deepened ☐ Reconditioned ☐ Method: Dug ☐ Bored ☐
Cable ☐ Driven ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 465 feet. Depth of completed well 465 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 4 ft. to 73 ft.
Welded ☒ Diam. from 5 ft. to 465 ft.
Liner installed ☒ Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☒ No ☐

Type of perforator used SK-115 and

SIZE of perforations 17 in. by 46 in.

100 perforations from 365 ft. to 465 ft.

0 perforations from 5 ft. to 365 ft.

0 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 Grout

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 20 ft. below top of well Date 9/30/98

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: _____ 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 _____

Ballot test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Airtest 65 gal./min. with stem set at 465 ft. for 1 hrs.

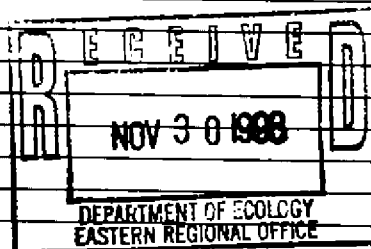
Artesian flow _____ g.p.m. Date _____

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
Top Soil	0	2
Gravel & Clay	2	10
Granite Boulder	10	16
Clay & Gravel	16	25
Granite Boulder	25	32
Clay & Gravel & Boulder	32	50
Granite Boulder	50	55
Sand & little clay	55	74
decomposed granite	74	120
Green Granite	120	280
decomposed granite	280	320
Clay	320	380
decomposed granite	380	400
Green Granite	400	465



Work Started 9/12 19. Completed 10/14 1998

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 B C Kane Drilling
(PERSON, FIRM OR CORPORATION) (TYPE OR PRINT)

Address 5503 E Broadway

(Signed) Karl Kane License No. 2101
(WELL DRILLER)

Contractor's Registration No. 121160972 Date 10/15 1998

(USE ADDITIONAL SHEETS IF NECESSARY)

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