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. # AC14...
Water Right Permit No. ______

(1) OWNER: Name Sharon Sokoll Address 1069 Phillips Road Colville

(2) LOCATION OF WELL: County Stevens — SW 1/4 NE 1/4 Sec. 36 T. 34 N., R. 39 W.M.

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

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

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
[ ] Abandoned [X] New well [ ] Deepened [ ] Reconditioned
Method: [ ] Dug [ ] Cable [X] Rotary [ ] Bored [ ] Driven [ ] 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 +1 ft. to 73 ft.
[X] Welded [X] Liner installed 4" Diam. from -5 ft. to 465 ft.
[ ] Threaded ______" Diam. from ______ ft. to ______ ft.

Perforations: Yes [X] No [ ]
Type of perforator used Skillsaw
SIZE of perforations 1/2 in. by 46 in.
100 perforations from 365 ft. to 465 ft.
0 perforations from -5 ft. to 365 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 [X] No [ ] To what depth? 20 ft.
Material used in seal Benite
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 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 ______
Bailer 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 & Boulders	32	50
Granite Boulders	50	55
Sand & little Clay	55	74
decomposed Granite 3gpm	74	120
Grey Granite 3gpm	120	280
decomposed Granite	280	320
Grey	325	380
Decomposed 3gpm	380	400
Grey Granite	400	465

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Work Started 9/22, 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 K C Kane Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 5505 E Broadway
(Signed) [signature] (WELL DRILLER) License No. 2101

Contractor's Registration No. DRILLKC... Date 10/15, 1998

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (8/93)