

WATER WELL REPORT

Start Card No. W112469

Unique Well I.D. # AEJ543

Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name **KRAMER, TED** Address **1045 ORIN RICE RD. COLVILLE, WA 99114-**(2) LOCATION OF WELL: County **STEVENS**

- NE 1/4 NE 1/4 Sec 4 T 34 N., R 38E WM

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

(3) PROPOSED USE: **DOMESTIC**

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well
(If more than one) **1**
NEW WELL Method: **CABLE**

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 in formation.

(5) DIMENSIONS: Diameter of well **6** inches
Drilled **120** ft. Depth of completed well **120** ft.

MATERIAL	FROM	TO
BROWN CLAY SAND	0	11
GRAVEL	11	
SATURATED BROWN SAND	11	14
GRAVEL	14	
GRAY CLAY	14	15
GRAY CLAY	15	25
WITH GRAVEL	25	
BROWN CLAY SAND	25	30
CLAY BROKEN SHALE	30	45
HARD BROKEN SHALE	45	55
SCHIST	55	
BROWN SCHIST	55	70
BROWN GRANITE	70	79
DECOMPOSED BROWN GRAVEL	79	82
GRANITE BROWN DECOMPOSED	82	110
GRANITE GRAY SOFT	110	120

(6) CONSTRUCTION DETAILS:

Casing installed: **6** " Dia. from **+1** ft. to **57.5** ft.
WELDED **4** " Dia. from **20** ft. to **120** ft.
" Dia. from ft. to ft.Perforations: **YES** - *liner only*Type of perforator used **SKILL SAW**SIZE of perforations **1/4** in. by **6** in.
100 perforations from **20** ft. to **120** ft.
perforations from ft. to ft.
perforations from ft. to ft.Screens: **NO**

Manufacturer's Name

Type	Model No.
Diam. slot size from ft. to ft.	
Diam. slot size from ft. to ft.	

Gravel packed: **NO** Size of gravel
Gravel placed from ft. to ft.Surface seal: **YES** To what depth? **18** ft.
Material used in seal **BENTONITE**
Did any strata contain unusable water? **NO**
Type of water? Depth of strata ft.
Method of sealing strata off **CASING***water in decomposed areas
80' - 110'*(7) PUMP: Manufacturer's Name
Type **NONE** H.P.(8) WATER LEVELS: Land-surface elevation
above mean sea level ... ft.
Static level ft. below top of well Date **06/07/99**
Artesian Pressure **1** lbs. per square inch Date **05/25/99**
Artesian water controlled by **CAP**Work started **05/19/99**Completed **06/07/99**

(9) 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 hrs.

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.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level
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NAME **FOGLE PUMP & SUPPLY, INC.**

(Person, firm, or corporation) (Type or print)

ADDRESS **316 W. 5TH 800-533-6518**Date of test / /
Bailer test **1** gal/min. **80** ft. drawdown after **1** hrs.
Air test **10** gal/min. w/ stem set at **119** ft. for **1** hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? **NO**[SIGNED] *James F. Fogle* License No. **0362**

Contractor's

Registration No. **FOGLEPS09514**Date **06/08/99**

Anatek Labs, Inc.504 E Sprague Ave Ste D
Spokane WA 99202
(509) 838-3999 FAX 838-44331282 Alturas Drive
Moscow ID 83843
(208) 883-2839 FAX 882-9246

EPA# WA00169

EPA# ID00013

Turn Around Time *Rush Charges /

☐ Normal ☐ Next Day* ☐ 2-Day* /

email _____

WDK0457



Due: 11/15/23

Please fill out completely and legibly

Date Collected	Time Collected	County
11/9/23	10:30 AM	STEVENS

Sample Purpose☒ Purchase/Sale/Bldg Permit☐ Informative☐ New Well**Sample Type**☒ Standard Drinking Water☐ Raw Source Water☐ Other (Specify) _____**Client Name**

NE WASHINGTON INVESTMENT LP

Specific Location Where Sample Was Collected (i.e., address of well)

FROST FREE BY WELL 1045 ORN
RICE RD
COLVILLE**Send Report to:**

Name Bob Anderson

Address 327 S. MAIN ST

COLVILLE WA 99114

City

St

Zip

Day Tel #

Fax #

Sample Collected by:

Company:

☒ Well/Well Field ☐ Purchased or Intertie☐ Spring☐ Grd. Water under Surface Influence☐ Surface Water☐ Combination or Other _____**COLIFORM BACTERIA (Lab Use Only)**☐ SATISFACTORY (COLIFORM ABSENT)**REPEAT**☐ Unsatisfactory (Coliform Present)**SAMPLES**☐ Total Present☐ Total Absent**REQUIRED**☐ E.Coli Present☐ E.Coli Absent**Other Lab Results**

Total Coliform /100ml E.Coli /100ml

Fecal Coliform /100ml Plate Count /100ml

☐ Another Sample Required

Sample Not Tested Because:

Test Unsuitable Because:

☐ Sample Too Old☐ TNTC☐ Wrong Container☐ Turbid Culture☐ Other _____☐ Excess Debris

Report Date

Lab Analyst

Date Received

Time

By

11/10/23

130

607

Inorganic Chemical Analysis Report

✓	Tests	MCL*	Results	Units	Compliance Y/N	Initials
☒	Arsenic (As)	0.01		mg/L		
	Barium (Ba)	2.0		mg/L		
	Beryllium (Be)	0.004		mg/L		
	Cadmium (Cd)	0.005		mg/L		
	Calcium (Ca)	-		mg/L		
	Chloride (Cl)	250		mg/L		
	Chromium (Cr)	0.1		mg/L		
	Color	15		Color Units		
	Conductivity	700		µmhos/cm 25°C		
	Copper (Cu)	1.3		mg/L		
	Corrosivity	-		-		
	Cyanide (CN)	0.2		mg/L		
	Fluoride (F)	4.0		mg/L		
	Hardness	-		mg/L as CaCO ₃		
	Iron (Fe)	0.3		mg/L		
☒	Lead (Pb)	0.015		mg/L		
	Magnesium (Mg)	-		mg/L		
	Manganese (Mn)	0.05		mg/L		
	Mercury (Hg)	0.002		mg/L		
	Nickel (Ni)	0.1		mg/L		
☒	Nitrate as N	10		mg/L		
	Nitrite as N	1.0		mg/L		
	pH	-		-		
	Selenium (Se)	0.05		mg/L		
	Silver (Ag)	0.1		mg/L		
	Sodium (Na)	-		mg/L		
	Sulfate (SO ₄)	250		mg/L		
	TDS	500		mg/L		
	TSS	-		mg/L		
	Turbidity	1.0		NTU		
☒	Uranium (U)	30		µg/L		
	Zinc (Zn)	5.0		mg/L		

MCL-Max. Contaminant Level

TSS-Total Suspended Solids

TDS-Total Dissolved Solids

OTHER ANALYSES REQUESTED

Inorganic Contaminants (IOC's)	
Volatile Organics (VOC's)	
Semivolatile Organics (SOC's)	
Private Well Test	
Iron Bacteria	

Laboratory Comments 12-01-14 1-1-15

MHCOTU

Lab Supervisor

Report Date

Anatek Log-in #

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client: Fogle Pump & Supply - Colville
Address: 2250 N. Hwy. 395
Colville, WA 99114
Attn: Becca Aubert

Work Order: WDK0457
Project: NE Washington Investment GRP
Reported: 11/15/2023 17:32

Analytical Results Report

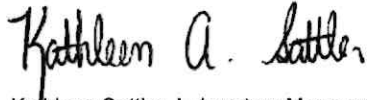
Sample Location: Frost Free By Well 1045 Orin Rice Rd. Colville
Lab/Sample Number: WDK0457-01 **Collect Date:** 11/09/23 10:00
Date Received: 11/10/23 11:30 **Collected By:** Bob
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology								
E. coli	Absent		1.00		11/11/23 7:57	EMG	SM 9223 B	
Total Coliform	Absent		1.00		11/11/23 7:57	EMG	SM 9223 B	
Inorganics								
Nitrate/N	ND	mg/L	0.100	10	11/15/23 14:35	LMC	EPA 300.0	H1
Metals by ICP-MS								
Arsenic	ND	mg/L	0.00100	0.01	11/15/23 13:56	Metals	EPA 200.8	
Lead	ND	mg/L	0.00100	0.015	11/15/23 13:56	Metals	EPA 200.8	
Uranium	8.32	ug/L	1.00	30	11/15/23 13:56	Metals	EPA 200.8	

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Authorized Signature,



Kathleen Sattler, Laboratory Manager

H1	Sample analysis performed past holding time.
PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

RPD	Relative Percent Difference
%REC	Percent Recovery
Source	Sample that was spiked or duplicated.

This report shall not be reproduced except in full, without the written approval of the laboratory
The results reported related only to the samples indicated.