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

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W098357
Unique Well I.D. # ACT893
Water Right Permit No.

(1) OWNER: Name KELLY, WALTER Address 1133-A ALADDIN RD COLVILLE, WA 99114-

(2) LOCATION OF WELL: County STEVENS - SE 1/4 NW 1/4 Sec 33 T 37 N., R 41E WM
(2a) STREET ADDRESS OF WELL (or nearest address) ,

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well (If more than one) 2
NEW WELL Method: ROTARY

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 160 ft. Depth of completed well 155 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Dia. from +2 ft. to 36 ft.
WELDED 4 " Dia. from 15 ft. to 155 ft.
" Dia. from ft. to ft.

Perforations: YES
Type of perforator used SKILL SAW
SIZE of perforations 1/4 in. by 6 in.
60 perforations from 95 ft. to 155 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? 19 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

(7) PUMP: Manufacturer's Name
Type NONE H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
Static level 60 ft below top of well Date 09/10/97
Artesian Pressure lbs. per square inch Date
Artesian water controlled by CAP

(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.

Recovery data
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 159 ft. for 1 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? NO

(10) WELL LOG

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.

MATERIAL	FROM	TO
TOPSOIL	0	3
CLAY GRAY	3	16
BROKEN ROCK CLAY	16	30
LIMESTONE SOFT FRACTURED	30	110
GRANITE SOFT FRACTURED	110	135
WATER BEARING	135	
GRANITE DECOMPOSED WATER BEARING	135	160
	160	

Work started 09/09/97 Completed 09/10/97

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

[SIGNED] Ronald Hunsaker License No. 2258

Contractor's Registration No FOGLEPS095L4 Date 09/11/97

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

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. WD94143
Unique Well I.D. # ACT891
Water Right Permit No.

RECEIVED DEPT OF ECOLOGY STATE OFFICE

(1) OWNER: Name **KELLY, WALTER** Address **1133-A ALADDIN RD. COLVILLE, WA 99114-**

(2) LOCATION OF WELL: County **STEVENS** SE 1/4 NW 1/4 Sec **33** T **37** N., R **41E** WM

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

(3) PROPOSED USE: **DOMESTIC**

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

(5) DIMENSIONS: Diameter of well **6** inches
Drilled **140** ft. Depth of completed well **140** ft.

(6) CONSTRUCTION DETAILS:
Casing installed: **6** " Dia. from **+1** ft. to **39** ft.
WELDED " Dia. from ft. to ft.
" Dia. from ft. to ft.

Perforations: **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: **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? **19** 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**

(7) PUMP: Manufacturer's Name
Type **NONE** H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
Static level **25** ft. below top of well Date **09/03/97**
Artesian Pressure lbs. per square inch Date
Artesian water controlled by **CAP**

(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.

Recovery data
Time Water Level Time Water Level Time Water Level

Date of test / /
Bailer test gal/min. ft. drawdown after hrs.
Air test **1** gal/min. w/ stem set at **138** ft. for **.5** hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? **NO**

(10) WELL LOG

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.

MATERIAL	FROM	TO
OVERBURDEN	0	2
BROWN CLAY GRAVEL	2	25
SHALE LEDGE	25	27
HARDPAN WITH GRAVEL	27	35
SHALE MEDIUM SOFT	35	37
SHALE BLACK W/WATER	37	70
GRANITE SALT & PEPPER	70	140
	140	

Work started **09/02/97** Completed **09/03/97**

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**

(SIGNED) Mike Fearn/Jr License No **1451**

Contractor's Registration No **FOGLEPS095L4** Date **09/10/97**