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

File Original and First Copy with Department of Ecology
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WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W057230
UNIQUE WELL I.D. # ABQ 880
Water Right Permit No. _____

(1) OWNER: Name Bart Bateman Address 513 E. 1st #3 Colville, Wa. 99114

(2) LOCATION OF WELL: County Stevens SE 1/4 SW 1/4 Sec. 6 T. 36 N., R. 39E 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) _____
Abandoned [ ] New well [X] Deepened [ ] Reconditioned [ ]
Method: Dug [ ] Cable [ ] Rotary [X] Bored [ ] Driven [ ] Jetted [ ]

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 100 feet. Depth of completed well 45 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +1 ft. to 39 ft.
Welded [X] 5 " Diam. from 38 ft. to 41 ft.
Liner installed [ ] " Diam. from _____ ft. to _____ ft.
Threaded [ ]

Perforations: Yes [ ] No [X]
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 [X] No [ ]
Manufacturer's Name Howard
Type stainless Model No. _____
Diam. 5 Slot size .012 from 40 ft. to 45 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes [ ] No [X] Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes [X] No [ ] To what depth? 18 ft.
Material used in seal Bentonite
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 14 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 [X] 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 15 gal./min. with stem set at 40 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes [ ] No [X]

(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	3
sand, brown	3	8
brown wet sand	8	45
grey silt, sand	45	100

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Work Started 10/27/94, 19. Completed 10/31/94, 19

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) Mike Bell / Jm (WELL DRILLER) License No. 1251
Contractor's Registration No. FOGLEPS095L4 Date 10/31/94, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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ECY 050-1-20 (9/93)