File Original and First Copy with Department of Ecology
Second Copy—Owner's Copy
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WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 55020

Water Right Permit No. _____

(1) OWNER: Name ALLEN GRAY Address 2391 Scott Rd. Rice, WA 99

(2) LOCATION OF WELL: County Stevens — SE ¼ SE ¼ Sec. 2 T. 33 N., R. 37 W.

(2a) STREET ADDDRESS OF WELL (or nearest address) 2391 Scott Rd. Rice, Wa 99167

(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 38 feet. Depth of completed well 33 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +2 ft. to 33 ft.
Welded [X] Liner installed [ ] Threaded [ ]
" Diam. from ft. to ft.
" Diam. from ft. to ft.

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 [ ] No [X]
Manufacturer's Name _____
Type _____ Model No. _____
Diam. Slot size from ft. to 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 [ ]
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 8 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 [ ] 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 5-8 gal./min. with stem set at 33 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	1
Black Clay & gravel	2	18
Clay & gravel	18	24
Brown gravel	24	34
Grey clay	34	38

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Work started 6/4, 19. Completed 6/4, 19 9

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) Michael Ball (WELL DRILLER) License No. 1251

Contractor's Registration No. FOGLEPS095L4 Date 6/4, 19 92

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) 1279