

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

330869

WATER WELL REPORT

Start Card No. W074316
 Unique Well I.D. # AAK205
 Water Right Permit No:

STATE OF WASHINGTON

(1) OWNER: Name **MILLITTE, PAM** Address **1388 HWY WO E COLVILLE, WA 99114-**

(2) LOCATION OF WELL: County, **STEVENS** - SE 1/4 NW 1/4 Sec 19 T 35 N., R 40E 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 **43** ft. Depth of completed well **43** ft.

MATERIAL	FROM	TO
CLAY SAND GRAVEL	0	19
SATURATED CLAY SAND	19	43
GRAVEL	43	

(6) CONSTRUCTION DETAILS:
 Casing installed: **6** " Dia. from **+1** ft. to **38** 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: **YES**
 Manufacturer's Name **COOK**
 Type **SLOTTED** Model No. **STAINLESS**
 Diam. **6** slot size **.018** from **38** ft. to **43** ft.
 Diam. **6** slot size from **36** ft. to **38** 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**

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

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
 Static level **10** ft. below top of well Date **09/25/96**
 Artesian Pressure lbs. per square inch Date
 Artesian water controlled by **CAF**
 Work started **09/23/96** Completed **09/25/96**

(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	40	gal/min.	2	ft. drawdown after	1	hrs.
Air test		gal/min. w/ stem set at		ft. for		hrs.
Artesian flow		g.p.m.		Date		
Temperature of water				Was a chemical analysis made?	NO	

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) *[Signature]* License No. **0362**

Contractor's
 Registration No. **FOGLEP095L4** Date **11/04/96**