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 Department of Ecology
 Second Copy — Owner's Copy
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WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

 Start Card No. W060479
 UNIQUE WELL I.D. # 207-401

 OWNER: Name H.D. Sather Address 22328 NE 31st Street

 (2) LOCATION OF WELL: County Stevens NE 1/4 SE 1/4 Sec 7 T 34 N. R. 37 W.

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

 (3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

 (4) TYPE OF WORK: Owner's number of well (if more than one) 1
 Abandoned ☐ New well ☒ Method: ☐ Aug ☐ Bored ☐
 Deepened ☐ Cable ☐ Driven ☐
 Reconditioned ☐ Rotary ☒ Jetted ☐

 (5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 465 feet. Depth of completed well 465 ft.

 (6) CONSTRUCTION DETAILS:
 Casing installed: 6 Diam. from 7 1/2 ft. to 404 ft.
 Lined ☒ 4 Diam. from 5 ft. to 465 ft.
 Threaded ☐ Diam. from _____ ft. to _____ ft.

 Perforations: Yes ☒ No ☐
 Type of perforator used SA-1/saw
 SIZE of perforations 12 in. by 1/4 in.
75 perforations from 504 ft. to 465 ft.
8 perforations from 5 ft. to 304 ft.
 _____ perforations from _____ ft. to _____ ft.

 Screens: Yes ☐ No ☒
 Manufacturer's Name _____
 Type _____ Model No. _____
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

 Gravel packed: Yes ☐ No ☒ Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

 Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
 Material used in seal sealant
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata or _____

 (7) PUMP: Manufacturer's Name _____
 Type: _____ H.P.

 (8) WATER LEVELS: Land-surface elevation _____
 Static level 150 ft. below top of well Date 6/17/97
 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.

 " " " " " "
 " " " " " "

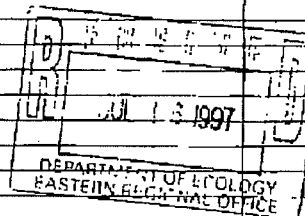
 Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
 Time Water Level Time Water Level Time Water Level

 Date of test _____
 Boiler test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airstest _____ gal./min. with steam set at _____ ft. for _____ 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	20
Sand & Gravel	20	80
Gravel 6 in. x 1 1/2 in. Sand	80	147
Sand & Gravel	147	190
Gravel	190	220
Big Gravel in late water	220	270
Gravel Sand Little water	270	405
Gravel & Sand	405	410
" " " "	410	430
Gravel & Sand	430	465


 Work Started 6/4 19. Completed 6/11 19 97

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and as compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

 NAME K.C. Kane Drilling
 (PERSON, FIRM OR CORPORATION) (TYPE OR PRINT)

 Address 5503 G Broadway

 (Signed) Karl Kane License No. 2101
 (WELL DRILLER)

 Contractor's
 Registration No. WRIK1091R Date 6/20 19 97

(USE ADDITIONAL SHEETS IF NECESSARY)

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