

WATER WELL REPORT

Start Card No. W094119

STATE OF WASHINGTON

Unique Well I.D. # ACT855

Water Right Permit No.

(1) OWNER: Name **FARRAND, TIM** Address **815 N. MAIN COLVILLE, WA 99114-**(2) LOCATION OF WELL: County **STEVENS**

- SE 1/4 SW 1/4 Sec 25 T 34 N. R 38E 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**
Method: **ROTARY**

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 **79** ft. Depth of completed well **79** ft.

MATERIAL	FROM	TO
DIRT ROCK	0	2
SAND GRAVEL SILT	2	22
SAND GRAVEL MEDIUM	22	79
WATER BEARING OPEN BOTTOM	79	

(6) CONSTRUCTION DETAILS:

Casing installed: **6** " Dia. from **+1** ft. to **79** 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? **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 **30** ft. below top of well Date **06/30/97**

Artesian Pressure lbs. per square inch Date

Artesian water controlled by **CAP**Work started **06/27/97**Completed **06/30/97**

(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 10-12 gal./min. w/ stem set at **78** ft. for **1** 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] *Terry Corbett* License No. **1895**

Contractor's

Registration No. **FOGLEPS095L4**Date **07/25/97**