507374

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W120231
Unique Well I.D. # AFF341
Water Right Permit No.

(1) OWNER: Name **ANDERSON, CHRIS** Address **935 MISSION LAKE KETTLE FALLS, WA 99141-**

(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**

(4) TYPE OF WORK: Owner's Number of well (If more than one) 1
NEW WELL Method: **ROTARY**

(5) DIMENSIONS: Diameter of well **6** inches
Drilled **80** ft. Depth of completed well **78** ft.

(6) CONSTRUCTION DETAILS:
Casing installed: **6** " Dia. from **+2** ft. to **78** 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

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

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
Static level **20** ft. below top of well Date **11/05/99**
Artesian Pressure lbs. per square inch Date
Artesian water controlled by **CAP**

(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 **20** gal/min. w/ stem set at **77** ft. for **1** hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? **NO**

(10) WELL LOG

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.

MATERIAL	FROM	TO
CLAY BROWN WITH	**0**	**20**
GRAVEL SAND	**20**	
SAND BROWN MEDIUM	**20**	**22**
CLAY WITH SAND	**22**	**38**
CLAY GRAY WITH	**38**	**66**
BROKEN ROCK	**66**	
SAND GRAVEL COARSE	**66**	**80**
	80	

RECEIVED
JAN 27 2000
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work started **11/05/99** Completed **11/05/99**

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 **COLVILLE,WA 800-533-6518**

[SIGNED] David C. Mayerhoff License No. **2427**

Contractor's
Registration No. **FOGLEPS095L4** Date **01/25/00**