AMENDMENT

File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W 21888
UNIQUE WELL I.D. # AAK 025
Water Right Permit No.

(1) OWNER: Name Ken House Address 964 Vanasse Rd. Kettle Falls, Wa.9914

(2) LOCATION OF WELL: County Stevens SE 1/4 SE 1/4 Sec 21 T. 36 N., R 38E W.M.

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

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

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

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

(6) CONSTRUCTION DETAILS:
Casing installed: " Diam. from ft. to ft.
Welded ☐ " Diam. from ft. to ft.
Liner installed ☐ " Diam. from ft. to ft.
Threaded ☐

Perforations: Yes ☐ 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 ☐ No ☐
Manufacturer's Name Houston
Type stainless Model No.
Diam. 5 Slot size 020 from 295 ft. to 300 ft.
riser Diam. 5 Slot size from 291 ft. to 295 ft.

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

Surface seal: Yes ☐ No ☐ To what depth? ft.
Material used in seal
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 232 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? H.Rotter
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 20 gal./min. with 15 ft. drawdown after 2 hrs.
Airtest gal./min. with stem 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

Work Started 3/18, 19. Completed 3/18/94, 19

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) (WELL DRILLER) License No. 0362
Contractor's Registration No. FOGLEPS095L4 Date 3/18/94, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

ECL 050-1-20 (2/93)

The Department of Ecology does NOT warranty the data and/or the information on this well report.

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Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W 21888
AAK 025
Water Right Permit No. 9914

(1) OWNER: Name Ken House Address 964 Vanasse Rd. Kettle Falls, WA

(2) LOCATION OF WELL: County Stevens SE ¼ SE ¼ Sec. 21 T. 36 N., R. 38E W.M.

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

(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 304 feet. Depth of completed well 300 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +1 ft. to 299 ft.
Welded [X] " Diam. from ft. to ft.
Liner installed [ ] " Diam. from ft. to ft.
Threaded [ ]

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 clay
Did any strata contain unusable water? Yes [ ] No [X]
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 150 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 [X] 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 8 gal./min. with stem set at 300 ft. for 1 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes [ ] No [X]

(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	7
brown clay	7	47
grey clay, soft	47	140
grey clay, med. hard	140	275
cement gravel, water	275	304

RECEIVED
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work started 1/31, 19. Completed 2/1, 19 94

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. 9911

(Signed) Mike Bell / JH (WELL DRILLER) License No. 1251

Contractor's Registration No. FOGLEPS095L4 Date 2/1, 19 94

(USE ADDITIONAL SHEETS IF NECESSARY)

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