

507374

WATER WELL REPORT

Start Card No. W120231
 Unique Well I.D. # AFP341
 Water Right Permit No.

STATE OF WASHINGTON

(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** (10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well (If more than one) 1
NEW WELL 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 80 ft. Depth of completed well 78 ft.

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

(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.

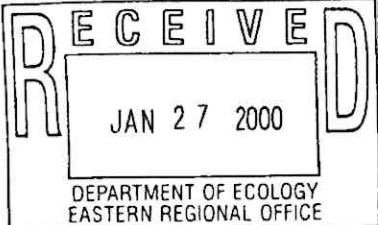
Screens: **NO**
 Manufacturer's Name
 Type Model No.
 Diam. slot size from ft. to ft.
 Diam. slot size from ft. to ft.

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
 Static level 20 ft. below top of well Date 11/05/99
 Artesian Pressure lbs. per square inch Date
 Artesian water controlled by **CAP**



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

(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**

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**

[SIGNER] *David C. Meyer* License No. 2427

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