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WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W 28631

UNIQUE WELL I.D. # ______

Water Right Permit No. ~~Colville, Wa. 9911~~

(1) OWNER: Name Tom Wallace Address 998 Artman-Gibson Rd. Arden, WA.

(2) LOCATION OF WELL: County Stevens SE ¼ SW ¼ Sec 2 T. 34 N., R. 39E W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) Rocky Lake Area

(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 260 feet. Depth of completed well 260 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from +1 ft. to 63 ft.
Welded [X] 200PSI4 " Diam. from 10 ft. to 260 ft.
Liner installed [X]
Threaded [ ] ______ " Diam. from ______ ft. to ______ ft.

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
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 ______ 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 9-10 gal./min. with stem set at 259 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, sandy	0	4
sands, medium gravel	4	24
sands, med. gravel, blue cly	24	63
brown granite 1½GPM at 100	63	100
brown granite 2GPM at 220	100	220
brown granite with soft	220	260
spots, water		
9-10 GPM by 260		
4" 200 PSI PVC installed		
from 10-260 perforated from		
from 200-260		

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Work started 7/13/93, 19. Completed 7/14/93, 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 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 316 W. 5th Colville, Wa. 99114

(Signed) Terry D. Cork... (WELL DRILLER) License No. 1895

Contractor's Registration No. FOGLEPS095L4 Date 7-14, 19 93

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329-

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.