

WATER WELL REPORT

Start Card No. N19130
AMM 765

STATE OF WASHINGTON

Water Right Permit No. _____

(1) OWNER: Name ED Stovall Address 29219 199th Ave S.E.

(2) LOCATION OF WELL: County Stevens SE 1/4 SW 1/4 Sec. 14 T. 32 N., R. 38 W.M.

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

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

(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.

(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

MATERIAL	FROM	TO
Clay	0	10
Gravel + Clay little water	10	25
Grey Clay	25	40
Brown Clay + Gravel	40	60
Clay + Decomposed Rock	60	80
Decomposed + Clay	80	90
Black + Brown 20gpm	90	140
Black shale	140	165

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled _____ feet. Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 Diam. from 0 ft. to 90 ft.
Welded Liner installed Threaded
Perforations: Yes No
Type of perforator used S-1K saw
SIZE of perforations 12 in. by 16 in.
110 perforations from 90 ft. to 165 ft.

Screens: Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes No Size of gravel _____
Gravel placed from _____ ft. to _____ ft.
Surface seal: Yes No To what depth? 90 ft.
Material used in seal Benite
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 5 ft. below top of well Date 5/23
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? _____
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 20 gal./min. with stem set at 140 ft. for 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

Work started 5/20, 1994. Completed 5/23, 1994

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 K.C. Kane Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 5503 E Broadway
(Signed) K.C. Kane License No. 2101
Contractor's Registration No. DR11C1097RC Date 6/1, 1994

(USE ADDITIONAL SHEETS IF NECESSARY)

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

