

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

WATER WELL REPORT

Start Card No. **W098375**
 Unique Well I.D. # **ACT835**
 Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name **MCCOY, EDDIE & GLORIA** Address **PO BOX 88 VALLEY, WA 99181-**

(2) LOCATION OF WELL: County **STEVENS** - **SE 1/4 SE 1/4 Sec 16 T 31 N., R 40E WM**
 (2a) STREET ADDRESS OF WELL (or nearest address),

(3) PROPOSED USE: **DOMESTIC**

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

(5) DIMENSIONS: Diameter of well **6** inches
 Drilled **220** ft. Depth of completed well **220** ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: **6** " Dia. from **+1** ft. to **70** ft.
WELDED **4** " Dia. from **20** ft. to **220** 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? **19** 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 **CASING**

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

(8) WATER LEVELS: Land-surface elevation
 above mean sea level ... ft.
 Static level **50** ft. below top of well Date **11/21/97**
 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.

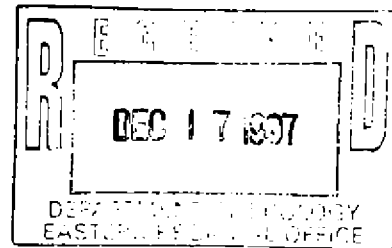
Recovery data
 Time Water Level Time Water Level Time Water Level

Date of test / /
 Bailer test gal/min. ft. drawdown after hrs.
 Air test 10 gal/min. w/ stem set at ft. for 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
BROWN CLAY	0	2
CLAY GRAVEL	2	25
GRAY HARDPAN GRAVEL	25	63
DOLOMITE WHITE HARD	63	165
DOLOMITE TAN W/WATER	165	170
DOLOMITE GRAY MEDIUM	170	205
DOLOMITE WHITE W/WATER	205	206
DOLOMITE WHITE MEDIUM	206	220



Work started **11/20/97**

Completed **11/21/97**

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**

(SIGNED) *Mike beam* License No. **1451**

Contractor's

Registration No. **FOGLEPS095L4**

Date **11/24/97**