

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

WATER WELL REPORT

Start Card No. W102928
 Unique Well I.D. # ACV855
 Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name **CROWDER, JAMES & ESSIE** Address **456 GOLD CK. LP. RD. COLVILLE, WA 99114-**

(2) LOCATION OF WELL: County **STEVENS** - NE 1/4 NE 1/4 Sec 11 T 35 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: **CABLE**

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 **124** ft. Depth of completed well **124** ft.

MATERIAL	FROM	TO
CLAY SAND GRAVEL	0	10
BOULDERS	10	
SOFT SILT CLAY	10	17
TRACE/WATER	17	
HARD BROWN GRAVEL	17	22
CLAY SAND GRAVEL	22	75
HARD	75	
GRAY CLAY SAND	75	95
CLAY SAND	95	105
SANDY CLAY GRAVEL	105	109
W/WATER	109	
HARD CLAY GRAVEL	109	112
GRAY CLAY HARD	112	120
CLAY SANDY GRAVEL	120	124
HARD W/WATER	124	

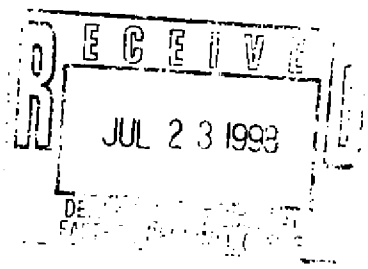
(6) CONSTRUCTION DETAILS:
 Casing installed: **6** " Dia. from **+2** ft. to **120** ft.
WELDED " Dia. from ft. to ft.
 " Dia. from ft. to ft.

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: **YES**
 Manufacturer's Name **COOK**
 Type **SLOTTED** Model No. **STAINLESS**
 Diam. **5** slot size **.010** from **119** ft. to **124** 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 **CASING**



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

Work started **06/29/98** Completed **07/09/98**

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
 Static level **18** ft. below top of well Date **07/09/98**
 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.

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.

Recovery data
 Time Water Level Time Water Level Time Water Level
 Date of test / /
 Bailer test **5** gal/min. **80** ft. drawdown after **2** hrs.
 Air test gal/min. w/ stem set at ft. for hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? **NO**

NAME **FOGLE PUMP & SUPPLY, INC.**
 (Person, firm, or corporation) (Type or print)
 ADDRESS **316 W. 5TH COLVILLE, WA**
 [SIGNED] *James F. Fogle* License No. **0362**
 Contractor's
 Registration No. **FOGLEPS095L4** Date **07/14/98**