

WATER WELL REPORT

Application No. _____

TOM MARTINEZ STATE OF WASHINGTON Colville

Permit No. _____

OWNER: Name: [REDACTED] Address Box 168C Alder St 99114

LOCATION OF WELL: County STEVENS - Box Rd 1/2 Sec. 1 T. 39 N., R. 41 W.M.
Bearing and distance from section or subdivision corner

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

(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 of formation.

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

MATERIAL	FROM	TO
<u>sand & GRAVEL</u>	<u>0</u>	<u>30</u>
<u>SAND GRAVEL water</u>	<u>30</u>	<u>47 1/2</u>
<u>Gravel</u>	<u>47 1/2</u>	<u>48</u>
<u>GRAY GRAVEL</u>	<u>48</u>	<u>48</u>

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 48 ft. Depth of completed well 48 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6" diam. from 21 ft. to 47 ft.
Threaded " diam. from _____ ft. to _____ ft.
Welded " diam. from _____ ft. to _____ ft.

Handwritten notes in well log area:
INVOICE # 55131

Perforations: Yes 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 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? 19 ft.
Material used in seal BENTONITE
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 _____ HP _____

(8) WATER LEVELS: Land-surface elevation _____ ft.
Static level 30 ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

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SPOKANE REGIONAL OFFICE

(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: 15-20 gal./min. with _____ ft. drawdown after _____ hrs.
EST. PIP LIFT

Work started 11-10 1986 Completed 11-11 1986

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

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.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

NAME Fogle Pump & Supply
(Person, firm, or corporation) (Type or print)
Address 316 WEST 5TH Colville WA
[Signed] Robert E Fogle
(Well Driller)
License No. 1405 Date 11-11 1986

11/21/86

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