

124159

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No. _____

Start Card No. W046931
UNIQUE WELL I.D.# ABP496

OWNER: Name Lillian Murphy Address 1879-A Sweede Pass Rd. Evans, WA. 9912

(2) LOCATION OF WELL: County Steves NW 1/4 NW 1/4 Sec 19 T 38 N R 39E WM.

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

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

(4) TYPE OF WORK: Owner a number of well (If more than one)
 Abandoned New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 100 feet. Depth of completed well 96 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 6 Diam. from +1 ft to 96 ft.
 Welded Diam. from _____ ft to _____ ft.
 Liner installed ThREADED _____ Diam from _____ ft to _____ ft.

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? 20 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 _____
 Static level 30 ft above mean sea level Date 8/17/94
 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 _____
 Water test _____ gal/min with _____ ft drawdown after _____ hrs
 Artesian flow 15 gal/min with stem set at 95 ft for 1 hrs
 Temperature of water _____ Was a chemical analysis made? Yes No

(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
fill	0	8
clay, gravel, brown	8	36
granite, boulder, hard	36	40
clay & gravel, brown	40	85
sand, gravel, & water	85	97
clay, brown	97	100

Work Started 8/17/94 19 Completed 8/17/94 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, INC.
(PERSON FIRM OR CORPORATION) (TYPE OR PRINT)

Address 316 W. 5th Colville, Wa. 99114

(Signed) [Signature] License No 1451
WELL DRILLER

Contractor's Registration No FOGLEPS095L4 Date 8/17/94 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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