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## WATER WELL REPORT

Start Card No.

STATE OF WASHINGTON

Start Card No.

| жименици                                |  | Water Right Permit No.  |              |  |  |
|---|--|---|--------------|--|--|
| (1)                                     | OWNER: Name Da ~ C hap man   | Address Goldendale, Wu  |              |  |  |
| (2)                                     | LOCATION OF WELL: County Klick: tat NENSENSOC 25 T 5   |   |              |  |  |
| (2a)                                    | STREET ADDDRESS OF WELL (or nearest address)   |   |              |  |  |
| (3)                                     | PROPOSED USE: Domestic Industrial Municipal Dewater Test Well Other  | (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION  Formation: Describe by color, character, size of material and structure, and show   |              |  |  |
| (4)                                     | TYPE OF WORK: Owner's number of well (if more than one)  | thickness of aquifers and the kind and nature of the material in with at least one entry for each change of information.  | each stratum | penetrated,  |  |
|   | Abandoned New well Method: Dug Bored Deepened Cable Driven Reconditioned | Top Soil  | FROM O       | 9'   |  |
| (5)                                     | DIMENSIONS: Diameter of well 8 inches.  Drilled 13.5 feet. Depth of completed well 13.5 ft.  | Brown Sand  | 9'           | 24   |  |
| (6)                                     | CONSTRUCTION DETAILS:  | Grey Clay   | 24           | 42   |  |
|   | Casing installed: S Dlam. from 1 ft. to 99 ft.  Welded Dlam. from ft. to ft.   | A 25 4 6 0/   | 47           | 94'  |  |
|   | Threaded* Diam. fromft. toft.  Perforations: Yes No. \( \bigvee \)   | Hand Grey Basalt  | 94'          | 107  |  |
| V:                                      | Type of perforator used  | Vesecular Brown<br>Basalt   |              |  |  |
| •                                       | perforations from  | (w/B)   | /07          | 135  |  |
|   | 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   |   |              |  |  |
|   | Did any strata contain unusable water? Yes No Company N |   |              |  |  |
| (7)                                     | PUMP: Manufacturer's Name  Type: H.P. H.P.   |   |              | The second secon |  |
| (8)                                     | WATER LEVELS: Land-surface elevation above mean sea level  |   |              |  |  |
| (9)                                     | (Cap, valve, etc.))  WELL TESTS: Drawdown is amount water level is lowered below static level  | Work started 8-7-75, 19. Completed 8  | -10-         | <u> </u>   |  |
|   | Was a pump test made? Yes No Hyes, by whom?  Yield: gal./min. with ft. drawdown after hirs.  | 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 PILE PIS LEGITOR OF CORPORATION (TYPE OR PRINT) |              |  |  |
| Management                              | 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 500+ gal./min. with 100 It. drawdown after 4 hrs.  | (Signed) Develow. License No. 1052  Contractor's Registration No. 5/145 PS 1/3 NN Date 8-14 1993  |              |  |  |
| -                                       | Airtestgal./min. with stem set atft. for hrs.  Artesian flowSg.p.m. Date ft. for hrs.  |   |              |  |  |
|   | Temperature of water 5 / Was a chemical analysis made? Yes No  | (USE ADDITIONAL SHEETS IF NECESSARY)  |              |  |  |