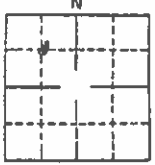


- Point of Diversion
- Place of Use

0 0.05 0.1 0.2 Miles



State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Betty Roeka</u> Address <u>Rt. 1 Box 162 Fairfield, Wa. 99201</u> Drilling Permit No. <u>95-92-N-87</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>80'</u> feet below land surface Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow <u>8-10</u> Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below _____																																										
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Discharge G.P.M.</th> <th style="width: 33%;">Pumping Level</th> <th style="width: 33%;">Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																							
Discharge G.P.M.	Pumping Level	Hours Pumped																																									
3. PROPOSED USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes/No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>10"</td> <td>0</td> <td>13</td> <td>clay, brown</td> <td>x</td> </tr> <tr> <td>10"</td> <td>13'</td> <td>19'</td> <td>basalt, gray, brown, soft</td> <td>x</td> </tr> <tr> <td>6"</td> <td>19</td> <td>45</td> <td>basalt, gray & brown, soft</td> <td>x</td> </tr> <tr> <td>6"</td> <td>45</td> <td>75</td> <td>basalt, gray, med.</td> <td>x</td> </tr> <tr> <td>6"</td> <td>75</td> <td>120</td> <td>basalt, gray & brown, med. slightly fractured</td> <td>x</td> </tr> <tr> <td>6"</td> <td>120</td> <td>160</td> <td>basalt, gray, med.</td> <td>x</td> </tr> <tr> <td colspan="5" style="text-align: center;">160' pvc liner installed</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes/No	From	To	10"	0	13	clay, brown	x	10"	13'	19'	basalt, gray, brown, soft	x	6"	19	45	basalt, gray & brown, soft	x	6"	45	75	basalt, gray, med.	x	6"	75	120	basalt, gray & brown, med. slightly fractured	x	6"	120	160	basalt, gray, med.	x	160' pvc liner installed				
Bore Diam.	Depth		Material	Water Yes/No																																							
	From	To																																									
10"	0	13	clay, brown	x																																							
10"	13'	19'	basalt, gray, brown, soft	x																																							
6"	19	45	basalt, gray & brown, soft	x																																							
6"	45	75	basalt, gray, med.	x																																							
6"	75	120	basalt, gray & brown, med. slightly fractured	x																																							
6"	120	160	basalt, gray, med.	x																																							
160' pvc liner installed																																											
4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____	COPY																																										
5. WELL CONSTRUCTION Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table style="width: 100%; margin-top: 5px;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>6"</td> <td>1'</td> <td>19'</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation _____ inches by _____ inches <table style="width: 100%; margin-top: 5px;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19'</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata Describe access port _____		Thickness	Diameter	From	To	250 inches	6"	1'	19'													Number	From	To																			
Thickness	Diameter	From	To																																								
250 inches	6"	1'	19'																																								
Number	From	To																																									
6. LOCATION OF WELL Sketch map location must agree with written location. <div style="text-align: center; margin-top: 10px;">  </div> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Beneva</u> _____ 1/4 _____ Sec. <u>16</u> , T. <u>46</u> N <input type="checkbox"/> S <input checked="" type="checkbox"/> R. <u>4W</u> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	10. Work started <u>6/9/92</u> finished <u>6/10/92</u>																																										
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Vermillion Well Dr.</u> Firm No. <u>467</u> Address <u>N. 6403 Perry</u> Date <u>6/29/92</u> Spokane, Wa. 99207 Signed by (Firm Official) <u>Keith D. Vermillion</u> and _____ (Operator) <u>Same</u>																																											

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

☐ Pump ☐ Batter ☒ Air ☐ Flowing ArtesianCity FAIRFIELD State WA Zip 99201

Sketch map location must agree with written location.

Address of Well Site

Lt. _____ Blk. _____ Sub. Name _____

☐ Thermal ☐ Injection ☐ Other

☐ New Well ☒ Modify or Repair ☐ Replacement ☐ Abandonment

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other_____

8. CASING/LINER:

Length of Headpipe _____ Length of Tailpipe _____

☐ Perforations Method _____

☐ Screens Screen Type _____

Depth flow encountered _____ ft. Describe access port or control devices: _____

Water

Date: Started 7/25/95 Completed 7/28/95

Firm Name VERMILLION WELL DRILLING Firm No. 467

Firm Office KEITH D. VERMILLION Date 8/16/95

Supervisor or Operator Diane Linder Date 8-16-95

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES