

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

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 Second Copy - Owner's Copy
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WATER WELL REPORT #10

STATE OF WASHINGTON

Application No. _____

Permit No. _____

(1) OWNER: Name CITY OF EPHRATA Address EPHRATA W.N.
 (2) LOCATION OF WELL: County GRANT SE 1/4 Sec. 15 T. 21 N. R. 26 W.M.
 Bearing and distance from section or subdivision corner 12.5' N 20' W 2' E

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

(4) TYPE OF WORK: Owner's number of well #10
 (if more than one)
 New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 16 inches.
 Drilled 1850 ft. Depth of completed well 1850 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 20" Diam. from 0 ft. to 329 ft.
 Threaded 16" Diam. from +2 ft. to 900 ft.
 Welded " 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 CEMENT GROUT
 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 1320 ft. above mean sea level.
 Static level 215 ft. below top of well Date 7-17-77
 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? CONTRACTOR
 Yield: 1300 gal./min. with 40 ft. drawdown after 3 hrs.
 " 2000 " " 58 " " 4 "
 " 2800 " " 105 " " 19 "
 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 |
|---------------|-------------|------|-------------|------|-------------|
| <u>0</u> | <u>256</u> | | | | |
| <u>5 MIN.</u> | <u>215</u> | | | | |

 Date of test 7-17-77
 Test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 70° Was a chemical analysis made? Yes No

(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.

| MATERIAL | FROM | TO |
|------------------------|------|------|
| GRAVEL 6" MINUS | 0 | 95 |
| BROWN BASALT + | | |
| BROWN CLAY | 95 | 180 |
| GRAVEL + BRN CLAY | 180 | 239 |
| SANDY BRN. CLAY | 239 | 262 |
| MED SAND * | 262 | 264 |
| BROWN CLAY | 264 | 286 |
| CLAY GREEN | 286 | 321 |
| BASALT BLK | 321 | 649 |
| BASALT BLK SOFT * | 649 | 694 |
| SOME CLAY | | |
| CLAY BRN | 694 | 712 |
| BROWN BASALT * | 712 | 769 |
| BASALT BLK HARD | 769 | 900 |
| BASALT BLK HARD | 900 | 1068 |
| BASALT BRN SOFT * | 1068 | 1092 |
| BASALT BLK MED | 1092 | 1177 |
| BASALT BLK HARD | 1177 | 1276 |
| BASALT BRN MED * | 1276 | 1307 |
| BASALT BLK MED | 1307 | 1599 |
| BASALT BLK FRACTURED * | 1599 | 1671 |
| BASALT GREY HARD | 1671 | 1699 |
| BASALT BRN MED * | 1699 | 1794 |
| BASALT BLK MED | 1794 | 1850 |

16" CASING CEMENTED AT SURFACE (SOFT) + AT 330 TO 290 40 FT

OPEN HOLE BELOW 900' DRILLED 14 1/4 DIA.

* INDICATES WATER BEARING STRATA

Work started MARCH 30 19 77 Completed AUG 7 19 77

WELL DRILLER'S STATEMENT:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
 NAME HOLMAN DRILLING CORP
 (Person, firm, or corporation) (Type or print)
 Address E 3410 9TH AVE
 [Signed] Arnold E. Holman PRES
 (Well Driller)
 License No. 0189 Date SEPT 7 19 77

9/11/79