

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

WATER WELL REPORT

STATE OF WASHINGTON

Application No. G4-27808

Permit No.

(1) OWNER: Name Richard Ormiston Address Rothrock rd. Rt. 2 Box 2607 Prosser

(2) LOCATION OF WELL: County Benton - N 1/4 NE 1/4 Sec 2 T 9 N, R 24 W.M.

and distance from section or subdivision corner

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

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

(5) DIMENSIONS: Diameter of well 8" inches.
Drilled 300' ft. Depth of completed well 300' ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 12" Diam. from 0 ft. to 24 ft.
Threaded " Diam. from ft. to 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? 24 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: H.P.

(8) WATER LEVELS: Land-surface elevation ?
above mean sea level ft.
Static level 188 ft. below top of well Date 1980
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? Basin Pump
Yield: gal./min. with ft. drawdown after hrs.
" 300 " 20 " 4 "
" " " " "

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

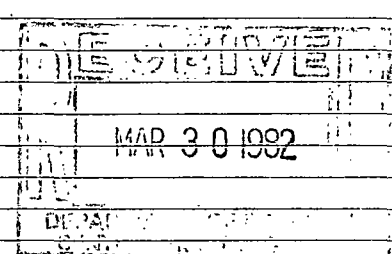
Date of test 5/27/80
Barter test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes No

(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
Top soil	0	4
Basalt - Grey	4	70
Clay - Brown	70	142
Lava - Poris	142	205
Basalt - Grey	205	298
Lava - Broken watwe bearing	298	300

204' of 12" lined with PVC



Work started 3/80, 19 80. Completed 5/80, 19

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 J. Willard Drilling
(Person, firm, or corporation) (Type or print)

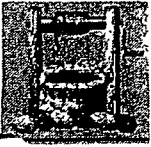
Address Rt. 2 box 2093 Prosser, Wza.

[Signed] Franka Crowe
(Well Driller)

License No. 0900 Date, 19

EP-3-31-82

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Well Report Change Form

IMPORTANT: GET AS MUCH INFORMATION AS POSSIBLE. THIS FORM WILL BE USED TO FIND THE WELL REPORT. ALL REQUIRED FIELDS MUST BE FILLED IN. USE INK PEN ONLY WHEN FILLING OUT THIS FORM.

(REQUIRED) This Well Report has been changed on (Date) 4/11/2002

(Required) Person Requesting Change _____

(Required) Contact Phone No (_____) _____

(REQUIRED) Not in NITS NITS Log ID# _____

Regional Office: CRO ERO NWRO SWRO

Well Type: Water Well Resource Protection Well

Notice of Intent #: _____ Unique Ecy Well ID Tag No: _____

(Required) Original Owner Name: _____

Well Street Address: _____

City: _____ County: _____ Zip Code: _____

Geographic Location:

(Required) _____ 1/4 of the _____ 1/4 Section _____ Township _____ Range _____ EWM or (circle one) WWM

(Optional) Lat Degrees _____ Lat Time _____ Horizontal collection method code _____

Long Degrees _____ Long Time _____

Tax Parcel No (include all zeros and dashes): _____

Type of Work: New Well Reconditioned Deepened

Well Report Recvd Date: ____/____/____ Well Completed Date: ____/____/____

Well Diameter (in): _____ Well Depth (ft): _____ Other: _____

Driller License No: _____ Trainee License No: _____

Other (Specify): _____

(Required) Reason for Change Internal Correction - not changing the image.

(Required) Tracker Signature: gh.