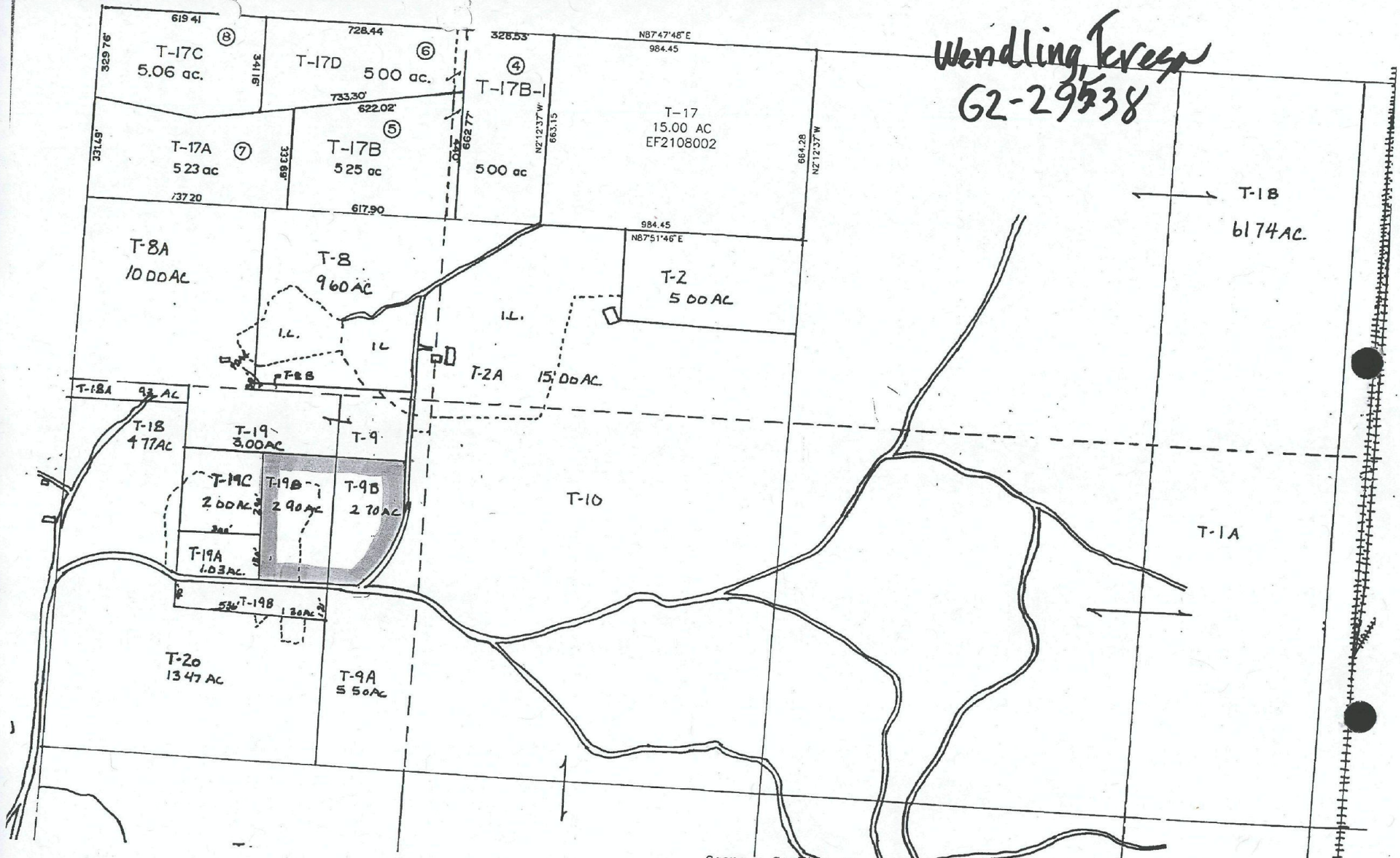
Wendling Teresa
62-29538



Scans - Cowlitz Co. - 4083 - 21-10-1E, Scale: 1 inch = 300.00 FEET
02/24/97 THIS MAP IS TO ASSIST IN LOCATING PROPERTY ONLY. COWLITZ CO. ASSESSOR

FOR SALE BY

.TSKER MAPS

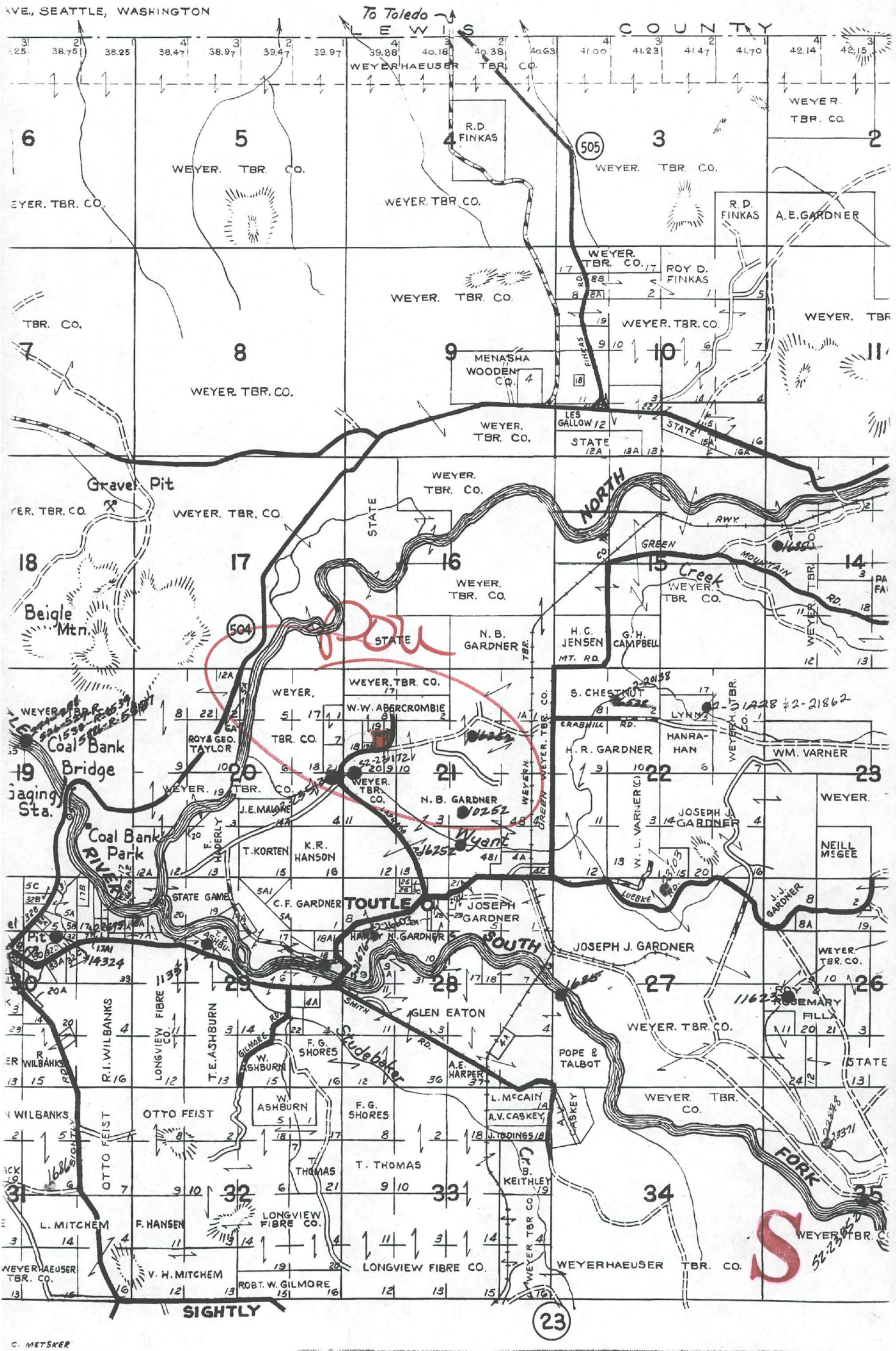
TREET, TACOMA, WASHINGTON

AVE., SEATTLE, WASHINGTON

TOWNSHIP 10 N., RANGE

COWLITZ COUNTY, WASH

SCALE 2 IN. - 1 MILE



C. METSKER

File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W096102
UNIQUE WELL I.D. #
Water Right Permit No.

(1) OWNER: Name Teresa Wendling Address 511 Lapham Rd Toutle Wa 98649

(2) LOCATION OF WELL: County Cowlitz SW 1/4 NW 1/4 Sec 21 T. 10W N., R 1E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 700 Lapham Rd. Toutle Wa 98649

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

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

(5) DIMENSIONS: Diameter of well 6" inches.
Drilled 90 feet. Depth of completed well 90 ft.

(6) CONSTRUCTION DETAILS:
Casing Installed: 6" Diam. from +2 ft. to 69 ft.
Welded [X] 6 Screen Diam. from 68 ft. to 73 ft.
Liner installed [ ] Threaded [ ] 4" Diam. from 73 ft. to 90 ft.

Perforations: Yes [ ] No [X]
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 [X] No [ ]
Manufacturer's Name Heuston Well Screen
Type 6 Telesecpic Stonless Model No. 6WSCV35
Diam. 6 Slot size 35 from 68 ft. to 73 ft.
Diam. Slot size from ft. to ft.

Gravel packed: Yes [ ] No [X] Size of gravel
Gravel placed from ft. to ft.

Surface seal: Yes [X] No [ ] To what depth? 20 ft.
Material used in seal Coament Grout
Did any strata contain unusable water? Yes [ ] No [X]
Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name Grundfos
Type: 10S07-12 Submersible H.P. 3/4

(8) WATER LEVELS: Land-surface elevation above mean sea level 500 ft.
Static level 23 ft. below top of well Date 9-17
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 [X] No [ ] If yes, by whom? Wells and more
Yield: 12 gal./min. with 62 ft. drawdown after 22 min ~~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
0:00	23	0:22	85	0:32	65
0:41	85	0:56	62	1:06	85
1:26	60	1:37	85	2:02	58

Date of test 9-16-97
Bailer test 20 gal./min. with 67 ft. drawdown after 10 min ~~hrs.~~
Airtest gal./min. with stem set at ft. for hrs.
Artesian flow 8 1/2 g.p.m. Date 9-15-97
Temperature of water Was a chemical analysis made? Yes [X] 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
Brown Clay	0	15
Sand and Gravel	15	73
Sandy Gray Clay	73	90
Cased With 6" Steel 73" Set Screen at 68' to 73' pulled Steel Back To 69'		
8 1/2 G.P.M.		

Work Started 8-15 97 19. Completed 9-17, 1997

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 Wells and More (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 1042 Luebke Rd. Toutle Wa.
(Signed) T/R Fisher (WELL DRILLER) License No. 0811
Contractor's Registration No. CPEX WELLM* 121DG Date 9-18 1997

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY

If instructions are not followed, sample will be rejected.

DATE COLLECTED (MONTH DAY YEAR)	TIME COLLECTED	COUNTY NAME
9/17/97	11:30 [X] AM [ ] PM	Cowlitz

TYPE OF SYSTEM: [ ] PUBLIC [X] INDIVIDUAL (serves only 1 residence)

IF PUBLIC SYSTEM, COMPLETE: I.D. No. [ ]

CIRCLE GROUP: A B

NAME OF SYSTEM: 700 Lapham Rd Toutle

SPECIFIC LOCATION WHERE SAMPLE COLLECTED: Well head

TELEPHONE NO. DAY (360) 274-7922 EVENING ( )

SAMPLE COLLECTED BY: (Name) Wells and more

SYSTEM OWNER/MGR.: (Name) TERESA Wendling

SOURCE TYPE: [X] GROUND WATER UNDER SURFACE INFLUENCE

[ ] SURFACE [X] WELL or WELL FIELD [ ] SPRING [ ] PURCHASED or INTERTIE [ ] COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

511 Lapham Rd
Toutle WA 98649-9710
WASHINGTON

TYPE OF SAMPLE (check only one in this column)

[X] ROUTINE DRINKING WATER check treatment →
- [ ] Chlorinated (Residual: ____ Total ____ Free)
- [ ] Filtered
- [X] Untreated or Other _____

[ ] REPEAT SAMPLE Previous coliform presence Lab # _____ Date ___/___/___

[ ] RAW SOURCE WATER Source # S [ ] [ ] [ ] Total Coliform
[ ] NEW CONSTRUCTION or REPAIRS [ ] Fecal Coliform
[ ] OTHER (Specify) _____

REMARKS: 2929

(LAB USE ONLY) DRINKING WATER RESULTS

[ ] UNSATISFACTORY, Coliforms present
REPEAT SAMPLES REQUIRED: [ ] E. Coli present [ ] E. Coli absent [ ] Fecal present [ ] Fecal absent

[X] SATISFACTORY, Coliforms absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM _____ /100 ml E. COLI _____ /100ml
FECAL COLIFORM _____ /100 ml PLATE COUNT _____ /ml

ANOTHER SAMPLE REQURED

SAMPLE NOT TESTED BECAUSE:
- [ ] Sample too old
- [ ] Wrong container
- [ ] Incomplete form
- [ ] _____

TEST UNSUITABLE BECAUSE:
- [ ] Confluent growth
- [ ] TNTC
- [ ] Turbid culture
- [ ] Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)	DATE/TIME RECEIVED	RECEIVED BY
0680936	9/17 2pm	CM

DATE REPORTED 9/18/97

LABORATORY: COWLITZ COUNTY HEALTH DEPARTMENT
600 BROADWAY, THIRD FLOOR
P.O. BOX 458 414-5599
LONGVIEW, WASHINGTON 98632-7296

Pd 520860

REMARKS

DOH 305-002 (REV. 4/92)

WATER SUPPLIER COPY

S

Exibit A

Beginning at a point 429 feet East of the Northwest corner of the Southwest Quarter of the Northwest quarter of Section 21, Township 10 North, Range 1 East of the Willamette Meridian; Thence South 140 feet, more or less, to the Northwest corner of the tract conveyed to D. L. Hammond by deed recorded March 24, 1971 under Auditor's file No. 711273; thence East along the North line of said Hammond Tract 300 feet to the Northeast corner thereof and the true point of beginning of this description; thence South to the North line of the county road known as Lapham Road; thence East and northerly along the North and Westerly right of way line of Lapham Road to a point on a line that is East of the true point of beginning; thence West to the true point of beginning.

Subject to Easements of record.

S

WELL SITE INSPECTION FORM

Well Location @ 700 Lapham Rd Toutle Date Inspected 9-17-97

S 21 T 10W R 1E

Name of Owner or representative Completing this inspection: Walls and More Ted R Franks

Owner Name Teresa Wendling

Address 511 Lapham Rd Toutle Wa. Signature: Ted R Franks

WELL means the spot where the well will be or is already drilled. **WELL SITE** means all the area within 100 feet of the well and those beyond if they have a significant impact on the well.

A. **WELL SITE:**

		Yes	No	N/A
1)	Ground slopes are such that contamination due to run-off and flooding potential is at a minimum.	[X]	[ ]	[ ]
2)	Site is safe from natural and manmade disasters.	[X]	[ ]	[ ]
3)	Public or private roads are avoided as far as possible.	[X]	[ ]	[ ]
4)	Roads, if any, within 100 feet of the well are paved and properly ditched or drained to exclude surface run-off to the well.	[X]	[ ]	[ ]
5)	Contamination sources, such as septic tanks, chemicals, etc., are absent from well sites.	[X]	[ ]	[ ]

B. **IF THE WELL IS EXISTING OR HAS ALREADY BEEN DRILLED:**

1)	The surface seal is present and satisfactory.	[X]	[ ]	[ ]
2)	The sanitary seal is satisfactory and properly installed.	[X]	[ ]	[ ]
3)	There is a concrete slab around casing and it is satisfactory.	[ ]	[ ]	[X]
4)	The casing terminates at least 6" above floor.	[X]	[ ]	[ ]
5)	The air vent or access post is satisfactory and excludes contamination.	[X]	[ ]	[ ]
6)	If the well is in a pit, is it adequately constructed to prevent flooding.	[ ]	[ ]	[X]
7)	General housekeeping is satisfactory.	[X]	[ ]	[ ]
8)	Well site can be legally protected against contamination.	[X]	[ ]	[ ]

9) In your opinion overall, is the well and/or well site:

[X] Satisfactory
[ ] Satisfactory, if deficiencies can be corrected
[ ] Not Satisfactory

S

Form7\4442

Directions

Go South on I-5 to Exit 49
Turn left at the light off
Freeway ramp, go ahead
to Hwy 504 (Spirit Lk Hwy)
Follow 504 to Past Toutle
Lake School Approximently
10 miles, you will Come
to a Store with two
intersecting roads, Take
the second rd to right
South Toutle Rd. Follow
Approximently 2 1/2 miles
A road to the left

Lapham Rd, A Red House with Rock work on Front Turn left on Lapham Rd Follow road approximently 1 mile. property is located almost to the end of the road (Address 700 Lapham Rd. Green Gate with Stakes that say 700 Lapham Rd.

S

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DEPARTMENT OF ECOLOGY
FPSS/BASS/FISCAL OFFICE/CASHIERING SECTION

DATE: 10/22/97

CASHIERING RECEIPT
PAGE: 1 OF 1

RECEIVED FROM: BUCHANAN, PATRICK A

AMOUNT: $10.00
DATE: 10/23/97
RECEIPT NO: 98-193784
CHECK/MO NO: 1507

PHONE: (360) 407-7095
P.O. BOX 5128
LACEY, WA 98509-5128

PURPOSE: WATER RIGHTS

PERMIT NO:
MANIFEST NO: (For low-level surcharge only.)
CASHIER: FFES461

NAMES:
1.
2.
3.
4.
5.
6.
7.
8.
9.

FOR ACCOUNTING PURPOSES:
CJ NO: 461A0421

RECEIPT CODING:

INV/CAT CD	ID/APPL NO	TYPE	AMOUNT	TRANS/FUND DISTRIBUTION
		GCA	$10.00	001- -001- - - - - - - - - - - - - -02-85-000010

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