## WATER WELL REPORT

| WATER WELL REPORT DEPARTMENT OF   | Notice of Intent No. WE55737  |
|---|---|
| Type of Work:  Construction Decommission Original installation NOI No.  | Unique Ecology Well ID Tag No. BMG205 Site Well Name (if more than one well): |
| Proposed Use:   Domestic   Industrial   Municipal   | Water Right Permit/Certificate No Property Owner Name DANE WARNER             |
| □ Dewatering □ Irrigation □ Test Well □ Other   | Well Street Address 781-H HIGHWAY 395 NORTH                                   |
| Construction Type:         Method:           ☑ New well         ☐ Alteration         ☐ Driven         ☐ Jetted         ☐ Cable Tool           ⑤ Deepening         ☐ Other         ☐ Dug         ⑤ Air-         ☐ Mud-Rotary | City KETTLE FALLS County STEVENS  Tax Parcel No. 1928455                      |
| Dimensions: Diameter of boring 6 in., to 475 ft.  | Was a variance approved for this well? ☐ Yes ■ No                             |

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|---|--|------------------|--------------|
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| ■ Deepening □ Other □ Dug ■ Air-□ Mud-Rotary  | Tax Parcel No. 1928455   |                  |              |
| Dimensions: Diameter of boring 6 in., to 475 ft.  | Was a variance approved for this well? ☐ Yes ■   | No               |              |
| Depth of completed well 465 ft.   | Verse and the second se |                  |              |
| Construction Details: Wall Casing Liner Diameter From To Thickness Steel PVC Welded Thread    | If yes, what was the variance for?   |                  |              |
| □   □   6 in. +2   275   in. □   □   □   □  | Location (see instructions on page 2):   |                  | or 🗉 EWM     |
| □ 1 • <u>5 in25 463</u> in. • 1 □ • 1 □   | NW 4-4 of the NW 4; Section 21 Towns   |                  |              |
|   | Latitude (Example: 47.12345) 48.60944  |                  |              |
|   | Longitude (Example: -120.12345) -118.03868   |                  |              |
| Perforations: ☐ Yes ■ No Type of perforator used  | Driller's Log/Construction or Decomm   |                  |              |
| Perforated from ft. to ft. below ground surface   | Formation: Describe by color, character, size of material and<br>nature of the material in each layer penetrated, with at least o  |                  |              |
| Screens: ☐ Yes 		 No 		 ☐ K-Packer 		 Depth ft.   | information. Use additional sheets if necessary.   | ne endy for each | ii change of |
| Manufacturer's Name Model No  | Material   | From             | То           |
| Diameter in. Slot size in. from ft. to ft.  | EXISTING   | 0                | 300          |
| Diameter in. Slot size in. from ft. to ft.  | CEMENTED SAND GRAVELS  | 300              | 375          |
| Sand/Filter pack: ☐ Yes ■ No Size of pack material in.  | SAND GRAVEL BROWN SILT   | 375              | 450          |
| Materials placed from ft. to ft.  | LOOSE SAND GRAVEL BROWN SILT   | 450              | 465          |
| Surface Seal:  Yes No To what depth? ft.  | REDDISH COMPACT DECAY BEDROCK  | 465              | 475          |
| Material used in seal EXISTING  |  |                  |              |
| Did any strata contain unusable water? ☐ Yes ☑ No   |  |                  |              |
| Type of water? Depth of strata  |  |                  |              |
| Method of sealing strata off  |  |                  |              |
| Pump: Manufacturer's Name Type:   |  |                  |              |
| H.P Pump intake depth: ft. Designed flow rate: gpm  |  |                  |              |
| Water Levels: Land-surface elevation above mean sea level 1626 ft.                            |  |                  |              |
| Stick-up of top of well casing ft. above ground surface                                       |  |                  |              |
| Static water level 286 ft. below top of well casing Date 04/12/2024                           |  |                  |              |
| Artesian pressurelbs. per square inch (cap, valve, etc.)                                      |  |                  |              |
|   |  |                  |              |
| Well Tests:   |  |                  |              |
| Was a pumping test performed? ■ No □ Yes ⇒ by whom?<br>Yield gpm with ft. drawdown after hrs. |  |                  |              |
| Yield gpm with ft. drawdown after hrs.  |  |                  |              |
| Yieldgpm withft. drawdown afterhrs.   |  |                  |              |
| Recovery data (time = zero when pump is turned off - water level measured from well           |  |                  |              |
| top to water level) Time Water Level Time Water Level Time Water Level                        |  |                  |              |
| Time Water Level Time Water Level Time Water Level  |  |                  |              |
|   |  |                  |              |
|   |  |                  |              |
| Date of pumping test  |  |                  |              |
| Bailer test gpm with ft. drawdown after hrs hrs.  |  |                  |              |
| Air test 10-15 gpm with stem set at 455 ft. for 1 hrs Date 04/12/2024                         |  |                  |              |

WELL CONSTRUCTION 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.

Start Date 04/08/2024

Completed Date 04/12/2024

°F Was a chemical analysis made? 

Yes 

No

| ■ Driller □ Trainee □ PE – Print Name JOHN ARFMAN | Drilling Company FOGLE PUMP & SUPPL | Drilling Company FOGLE PUMP & SUPPLY, INC. |  |  |
|---|-------------------------------------|--|--|--|
| Signature   | Address 2250 NORTH HIGHWAY          |  |  |  |
| License No. 2673                                  | City, State, Zip COLVILLE, WA 99114 |  |  |  |
| IF TRAINEE: Sponsor's License No.                 | Contractor's                        |  |  |  |
| Sponsor's Signature                               | Registration No. FOGLEPS095L4       | Date 04/12/2024                            |  |  |

ECY 050-1-20 (Rev 08/19) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.