



Water Well Report For An Existing Well

Your well must be properly tagged prior to submitting this form.

Asterisks (*) indicate required fields. Mail completed original form to:
WA State Department of Ecology, PO Box 47600, Olympia, WA 98504-7600

Use this form if an original Water Well Report was never filed or is missing from Ecology records.

***Current Use**

Domestic Industrial Municipal Dewater
 Irrigation Test Well Other: _____

Dimensions

Diameter of well 6 in.
Depth of completed well 49 ft. (if known)

Construction Details

Liner installed: Yes No Unknown
Type: PVC Steel Concrete Liner
 Unknown Other: _____

Perforations

Yes No Unknown
Size of perforations _____ in. by _____ in.
Number of perforations _____ from _____ ft. to _____ ft.

Screens

Yes No Unknown
Type: Stainless Steel PVC Other: _____
Diameter _____ Slot Size _____ from _____ ft. to _____ ft.

Gravel/Filter Pack

Yes No Unknown
Materials placed from _____ ft. to _____ ft.

Surface Seal

Yes If known, to what depth _____ ft.
 No Unknown
Materials used if known: _____
 Bentonite Cement

Pump

Yes No Unknown
Type GOULDS Horse Power 1

Water Levels

Land-surface elevation above mean sea level _____ ft.
Casing stick-up _____ above/below land surface
Static Level 14 ft. below top of casing Date measured: 2017
Artesian pressure _____ lbs. per square in. Date measured: _____
Well head has cap? Yes No Shut off valve? Yes No

Well Tests:

Drawdown is amount water level is lowered below static level.
Was a pump test made? Yes (attach copy) No Unknown
Yield: 28 gal/min. with _____ ft. drawdown after _____ hrs.

*Unique Ecology Well ID Tag Number: BQT195

*Water Right: Yes (if yes, attach a copy) No

*Property Owner Name: ROBERT AND KAREN ROE

*Well Street Address: 845 HWY 20 E

*City: COLVILLE *County: STEVENS

*Site Well ID: NA

*Tax Parcel Number: 2670565

*Date Well Constructed: UNKNOWN

***Location (Township, Range, Section)**

An accurate location of your well is very important. The Section, Township, Range, and ¼, ¼ can be found on your tax parcel legal description or through your county assessor's office.

Township 35 Range 40 EWM or WWM

Section 22 SE1/4-1/4 NW1/4

Comments: _____

Latitude/Longitude

(Decimal Degrees recorded to 5 decimal places)

Latitude (Example 47.12345)

Longitude (Example 118.12345)

Additional Information (If available, please attach)

Location marked on topographic map
 Location marked on air photo
 Consultant well report

***Certification:** The information reported above is true to the best of my knowledge and belief.

Consulting Firm Driller Engineer Property Owner

Name: DEPARTMENT OF ECOLOGY	Company:
License Number:	Address of person completing this form:
Signature: <i>Sheri McMichael signed electronically</i>	4601 N MONROE ST
Date Signed: AUGUST 16, 2024	City, State, Zip: SPOKANE, WA 99205

The Department of Ecology does NOT warrant the Data and/or information on this well report.