WATER WELL REPORT

DEPARTMENT OF ECOLOGY State of Washington

Type of Work:
☒ Construction
☐ Decommission ⟹ Original installation NOI No. _____

Proposed Use: ☒ Domestic ☐ Industrial ☐ Municipal ☐ Dewatering ☐ Irrigation ☐ Test Well ☐ Other _____

Construction Type: ☒ New well ☐ Alteration ☐ Deepening ☐ Other _____

Method: ☐ Driven ☐ Jetted ☐ Cable Tool ☐ Dug ☒ Air- ☐ Mud-Rotary

Dimensions: Diameter of boring 6 in., to 240 ft.
Depth of completed well 240 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+2	55	in.	☒	☐	☒	☐
☐	☒	4 in.	9	240	in.	☐	☒	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used SAW CUT
No. of perforations 130 Size of perforations 3/8 in. by 6 in.
Perforated from 210 ft. to 240 ft. below ground surface

Screens: ☐ Yes ☒ No ☐ K-Packer ⟹ Depth _____ ft.
Manufacturer's Name _____
Type _____ Model No. _____
Diameter _____ in. Slot size _____ in. from _____ ft. to _____ ft.
Diameter _____ in. Slot size _____ in. from _____ ft. to _____ ft.

Sand/Filter pack: ☐ Yes ☒ No Size of pack material _____ in.
Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18 ft.
Material used in seal BENTONITE
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 _____ ft.
Stick-up of top of well casing _____ ft. above ground surface
Static water level 110 ft. below top of well casing Date 05/04/2020
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

Well Tests:
Was a pumping test performed? ☒ No ☐ Yes ⟹ by whom? _____
Yield _____ gpm with _____ ft. drawdown after _____ hrs.
Yield _____ gpm with _____ ft. drawdown after _____ hrs.
Yield _____ gpm with _____ ft. drawdown after _____ hrs.
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

Date of pumping test _____
Bailer test _____ gpm with _____ ft. drawdown after _____ hrs.
Air test 2-3 gpm with stem set at 230 ft. for 1 hrs. } Date 05/04/2020
Artesian flow _____ gpm
Temperature of water _____ °F Was a chemical analysis made? ☐ Yes ☒ No

Notice of Intent No. WE38565
Unique Ecology Well ID Tag No. BMH557
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name TOMS ROYAL
Well Street Address 248 APEX ROAD
City INCHELIUM County FERRY
Tax Parcel No. 63101900001000
Was a variance approved for this well? ☐ Yes ☒ No
If yes, what was the variance for? _____

Location (see instructions on page 2): ☐ WWM or ☒ EWM
SW ¼-¼ of the SW ¼; Section 36 Township 32 Range 36
Latitude (Example: 47.12345) 48.22570
Longitude (Example: -120.12345) -118.22142

Driller's Log/Construction or Decommission Procedure
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each layer penetrated, with at least one entry for each change of information. Use additional sheets if necessary.

Material	From	To
SILTY SAND COBBLES	0	8
SAND BOULDERS	8	19
GRAY COBBLES SILTY	19	45
LARGE GRAVELS CEMENTED	45	55
SANDSTONE	55	60
SANDSTONE DECAYED	60	67
GRAY SANDSTONE	67	135
SLIGHT FRACTURING	135	140
HARD SANDSTONE	140	187
FRACTURES 1/2 GPM	187	190
SILTY GRAY SANDSTONE	190	225
SUBTLE FRACS	225	230
HARD SANDSTONE	230	240

RECEIVED
JUN 24 2020
Department of Ecology
Eastern Washington Office

Start Date 05/01/2020 Completed Date 05/04/2020

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.

☒ Driller ☐ Trainee ☐ ~~PE~~ Print Name JOHN ARFMAN
Signature _____
License No. 2673
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company FOGLE PUMP & SUPPLY, INC.
Address 2250 NORTH HIGHWAY
City, State, Zip COLVILLE, WA 99114
Contractor's Registration No. FOGLEPS095L4 Date 05/04/2020

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