

WATER WELL REPORT



Type of Work:

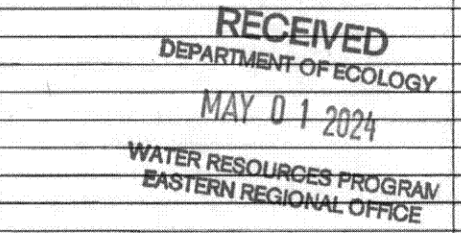
- Construction
 Decommission \Rightarrow Original installation NOI No. _____

Proposed Use:		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test Well
		<input type="checkbox"/> Other _____		
Construction Type:		Method:		
<input checked="" type="checkbox"/> New well	<input type="checkbox"/> Alteration	<input type="checkbox"/> Driven	<input type="checkbox"/> Jetted	<input type="checkbox"/> Cable Tool
<input type="checkbox"/> Deepening	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dug	<input checked="" type="checkbox"/> Air-	<input type="checkbox"/> Mud-Rotary
Dimensions: Diameter of boring <u>6</u> in., to <u>60</u> ft.				
Depth of completed well <u>60</u> ft.				
Construction Details:		Wall		
Casing	Liner	Diameter	From	To
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u> in.	+2	<u>58</u> in.
<input type="checkbox"/>	<input type="checkbox"/>	_____ in.	_____	_____ in.
<input type="checkbox"/>	<input type="checkbox"/>	_____ in.	_____	_____ in.
<input type="checkbox"/>	<input type="checkbox"/>	_____ in.	_____	_____ in.
		Thickness	Steel	PVC Welded
		_____ in.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		_____ in.	<input type="checkbox"/>	<input type="checkbox"/>
		_____ in.	<input type="checkbox"/>	<input type="checkbox"/>
		_____ in.	<input type="checkbox"/>	<input type="checkbox"/>
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of perforator used _____		
No. of perforations _____		Size of perforations _____ in. by _____ in.		
Perforated from _____ ft. to _____ ft. below ground surface				
Screens: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> K-Packer \Rightarrow 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Size of pack material _____ in.		
Materials placed from _____ ft. to _____ ft.				
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		To what depth? <u>18</u> ft.		
Material used in seal BENTONITE				
Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <u>2101</u> ft.				
Stick-up of top of well casing _____ ft. above ground surface				
Static water level <u>SEEP</u> ft. below top of well casing Date <u>01/23/2024</u>				
Artesian pressure _____ lbs. per square inch Date _____				
Artesian water is controlled by _____ (cap, valve, etc.)				
Well Tests:				
Was a pumping test performed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \Rightarrow 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 _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of pumping test _____				
Bailer test _____ gpm with _____ ft. drawdown after _____ hrs.		Date <u>01/23/2024</u>		
Air test <u>SEEP</u> gpm with stem set at <u>59</u> ft. for <u>1</u> hrs.				
Artesian flow _____ gpm				
Temperature of water _____ °F		Was a chemical analysis made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Notice of Intent No. WE55042
 Unique Ecology Well ID Tag No. BPF282
 Site Well Name (if more than one well): _____
 Water Right Permit/Certificate No. _____
 Property Owner Name GEORGE REILLY
 Well Street Address TBD EVERGREEN ROAD
 City IONE County PEND OREILLE
 Tax Parcel No. 433717530026
 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
NW ¼-¼ of the SW ¼; Section 17 Township 37 Range 43
 Latitude (Example: 47.12345) 48.70655
 Longitude (Example: -120.12345) -117.40839

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
BROWN SAND GRAVEL SILTY TRACE WATER	0	39
GRAY SOFT SILT	39	50
GRAY CLAY	50	60



Start Date 01/23/2024 Completed Date 01/23/2024

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.

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 01/23/2024

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

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.