

RECEIVED

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"/> Deepening		<input type="checkbox"/> Other _____		<input type="checkbox"/> Dug		<input checked="" type="checkbox"/> Air- Mud-Rotary	

Dimensions: Diameter of boring 6 in. to 460 ft.
 Depth of completed well 460 ft.

Construction Details:				Wall			
Casing	Liner	Diameter	From	To	Thickness	Steel	PVC Welded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u> in.	<u>+2</u>	<u>57</u>	<u> </u> in.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u> in.	<u>-9</u>	<u>460</u>	<u> </u> in.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> in.	<u> </u>	<u> </u>	<u> </u> in.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> in.	<u> </u>	<u> </u>	<u> </u> in.	<input type="checkbox"/>	<input type="checkbox"/>

Perforations: ☒ Yes ☐ No Type of perforator used SAW CUT
 No. of perforations 240 Size of perforations 1/4 in. by 6 in.
 Perforated from 390 ft. to 450 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 1963 ft.
 Stick-up of top of well casing _____ ft. above ground surface
 Static water level +2 ft. below top of well casing Date 04/09/2021
 Artesian pressure 1 lbs. per square inch Date 04/09/2021
 Artesian water is controlled by WELL SEAL (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 3 gpm with stem set at 450 ft. for 1 hrs. Date 04/09/2021
 Artesian flow _____ gpm
 Temperature of water _____ °F Was a chemical analysis made? ☐ Yes ☒ No

Notice of Intent No WE42737

Unique Ecology Well ID Tag No. BMV651

APR 26 2021

Site Well Name (if more than one well):

Water Right Permit/Certificate No

Property Owner Name CHERYL LEICK

Well Street Address 1725 A DEARINGER ROAD

City ADDY

County STEVENS

Tax Parcel No. 2160800

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

NE $\frac{1}{4}$ - $\frac{1}{4}$ of the NW $\frac{1}{4}$; Section 27 Township 33 Range 39

Latitude (Example: 47.12345) 48.33603

Longitude (Example: -120.12345) -117.88005

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.

[illegible]

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 04/09/2021