

9 Ballard

WATER WELL REPORT

State of Washington Date Printed: 15-Apr-2008 Log No. 0
Construction / Decommission: Original Construction Notice

CURRENT
Notice of Intent No. WEO7895
Unique Ecology Well I.D. No. BAB683
Water Right Permit Number:
OWNER: NICHOLAS, ROBERT

OWNER ADD P O BOX 750
KETTLE FALLS, WA 99141
Well Add 34135 HIGHWAY 20 EAST
City: Kettle Falls, WA 99141 County: FERRY
Location: NW 1/4 NE 1/4 Sec 15 T 36 R 37E EW
Lat/Long: Lat Deg Lat Min/Sec
(s, t, r still REQUIRED) Long Deg Long Min/Sec
Tax Parcel No.: 73615110003005

PROPOSED USE: DOMESTIC

TYPE OF WORK: Owners's Well Number: (If more than one well)
NEW WELL Method: ROTARY

DIMENSIONS Diameter of well: 6 inches
Drilled 120 ft. Depth of completed well 120 ft.

CONSTRUCTION DETAILS: Casing installed WELDED
Liner installed: PVC 6" Dia from +2 ft. to 18 ft.
4" Dia from 10 ft. to 120 ft. " Dia from ft. to ft.

Perforations: Yes Used In: LINER
Type of perforator used SKILL SAW
SIZE of perforations 1/8 in. b 6 in.
90 Perforation from 60 ft. to 120 ft.
Perforation from ft. to ft.
Perforation from ft. to ft.

Screens: No K-Pac Location
Manufacture's Name
Type: Model No
Diam. slot size from ft. to ft.
Diam. slot size from ft. to ft.

Gravel/Filter packed: No Size of Gravel
Material placed fro ft. to ft.

Surface seal: Yes To what depth 18 ft.
Seal method: Material used in seal BENTONITE
Did any strata contain unusable water No
Type of water Depth of strata
Method of sealing strata off

PUMP: Manufacture's name
Type: H.P. 0

WATER LEVELS Land-surface elevation above mean sea level: 0 ft.

Static level 40 ft. below top of well Date 03/21/2008
Artesian Pressure lbs per square inch Date
Artesian water controlled by

WELL TESTS: Drawdown is amount water level is lowered below static level.

Was a pump test made No If yes, by whom
Yield [] gal/min with [] ft drawdown after
Yield [] gal/min with [] ft drawdown after
Yield [] gal/min with [] ft drawdown after

Recovery data (time taken as zero when pump turned off)(water level measured from well top to water level)

Time:	Water Level	Time:	Water Level	Time:	Water Level
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

Date of test:
Bailer test gal/min ft drawdown after hrs.
Air test 10 gal/min w/ stem set at 120 ft. for 1 hours
Artesian flow gpm Date
Temperature of water Was a chemical analysis made No

CONSTRUCTION OR DECOMMISSION PROCEDURE
Formation: Describe by color, character, size of material and structure. Show thickness of aquifers and the kind and nature of the material in each stratum penetrated. Show at least one entry for each change in formation.

Material	From	To
TOP SOIL	0	2
SANDY CLAY GRAVEL COBBLES	2	13
HARD GRANITE GNEISS	13	35
FRACTURED W/VOIDS	35	40
GNEISS	40	70
FRACTURED WWATER	70	75
HARD GNEISS	75	120

Notes:

Work starte 03/19/2008 Complete 03/21/2008

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 are true to my best knowledge and belief.

Driller Engineer Trainee

Name: SAM BEARDSLEE License No.: 2905T

Signature:

Trained, Licensed driller is: RONALD HURN License No.: 2258

Licensed Driller Signature:

Drilling Company:

NAME: FOGLE PUMP & SUPPLY, INC. Shop: COLVILLE

ADDRESS: 316 W. 5TH
Colville, WA 99114

Phone: 509-684-2569 Toll Free: 800-533-6518

E-Mail: jeanne@foglepump.com

FAX: 509-684-3032 WEB Site: www.foglepump.com

Contractor's
Registration No.: FOGLEPS095L4 Date Log Created: 03/26/200

Well ID# BAB 683

Phone 738-2870

738 3390

Fogle Pump & Supply, Inc.

Customer Pump & System Record

OWNER

Name ROBERT NICHOLAS / JON VANSOEST Date 5-7-08

Address P 34135 Hwy 20 K.F.

Well Billing Address P.O. BOX 750 KETTLE FALLS

Legal Description 1/4 1/4 SECT T R

Water Use, Domestic X Irrigation Subdivision Other

Well Depth 120 ID 6x4 1/2 in GPM 10 Static

Pump Brand HOULOS BALANCE FLOW SYSTEM (New) - Used

Pump Model # 106510 GPM 10 PSI 50

Pump Serial # 0524605 Date Code 07

Motor Brand FRANKLIN New - Used

Motor HP 1 Volts 230 Phs 3

Motor Serial # Date Code 07

Warranty # 5 yr. Y 1 yr. None

Pump Protector Type INTERNAL Brand Model

Tank Brand In well Panel BOARD LATER Model SKIMMY Warranty yrs.

Pump Setting 100' pmi Pipe Size 1" Pipe Type SCIT 120

Wire in well Size #12-4 Type SUB

Pitless Size 1" PA Brand DICKENS

Well House Pit Other, Explain

Distance to House 80' Elevation X Pipe Size & Type

Distance to Power Supply 80' Wire Size & Type #12 THW

Location of Control BF-20 BF IN SHOP LATER NEXT TO PERISTAL

Installed By BOONE

Electrical By

WARNING

AVOID SERIOUS OR FATAL SHOCK BY QUALIFIED PERSONNEL COMPLYING WITH ALL GROUNDING AND CODE REQUIREMENTS.

THIS LABEL IDENTIFIES THE FRANKLIN SUBMERSIBLE MOTOR USED IN THE WELL. PLEASE DISPLAY PROMINENTLY. A SUGGESTED LOCATION IS THE DISCONNECT BOX.

MODEL 2345139203 HP 1 KW 0.75 PH 3
VOLTS 230 RPM 3450 HZ 60
AMP 3.9 S.F. MAX. AMP 4.7
SF 1.4 KVA CODE M CONT. DUTY
CSA CERTIFIED

7-14-08 MOUNTED BF-20
NEXT TO PERISTAL BY
NEW HOUSE ? INSTALLED
SKIMMY IN WELL TANK
BS

Invoice #



Anatek Labs, Inc.

504 E Sprague Ave Ste D 1282 Alturas Drive
 Spokane WA 99202 Moscow ID 83843
 (509) 838-3999 FAX 838-4433 (208) 883-2839 FAX 882-9246

Turn Around Time Email Results Needed by: _____

Normal Phone

Next Day* *Rush Charges Apply Mail

2-Day* Fax FAX # _____

Please fill out completely and legibly

Date Collected 5/7/08	Time Collected 3:30 PM	County Franklin
Sample Purpose <input type="checkbox"/> Purchase/Sale/Bldg Permit <input type="checkbox"/> Informative <input checked="" type="checkbox"/> New Well		
Sample Type <input type="checkbox"/> Standard Drinking Water <input type="checkbox"/> Raw Source Water <input type="checkbox"/> Other (Specify) _____		
Owner or Manager Name Dobbs, M. C. 1015		
Specific Location Where Sample Was Collected (i.e. address of well) 34135 Hwy 20 E		
Send Report to: Name: Fabrice Brouil		
Address: 211 W 5th		
City: Edwille	St: W	Zip: 99117
Day Tel #: 739-2820	Eve/Msg Tel #	
Sample Collected by: Boone	Company: Fabrice	
Source Type (Check One) <input type="checkbox"/> Well/WellSpring <input type="checkbox"/> Purchased or Intertie <input type="checkbox"/> Spring <input type="checkbox"/> Grd Water under Surface Influence <input type="checkbox"/> Surface Water <input type="checkbox"/> Combination or Other _____		

IUU Boone

Inorganic Chemical Analysis Report

Tests	MCL	Results	Units	Compliance Y/N	Initials
<input checked="" type="checkbox"/> Arsenic (AS)	0.05	<0.05	mg/L	Y	MB
<input type="checkbox"/> Barium (Ba)	2		mg/L		
<input type="checkbox"/> Beryllium (Be)	0.004		mg/L		
<input type="checkbox"/> Cadmium (Cd)	0.0005		mg/L		
<input type="checkbox"/> Chromium (Cr)	0.1		mg/L		
<input type="checkbox"/> Copper (Cu)	1.3		mg/L		
<input checked="" type="checkbox"/> Lead (Pb)	0.015	<0.01	mg/L	Y	MB
<input type="checkbox"/> Manganese (Mn)	0.05		mg/L		
<input type="checkbox"/> Mercury (Hg)	0.002		mg/L		
<input type="checkbox"/> Nickel (Ni)	0.1		mg/L		
<input type="checkbox"/> Selenium (Se)	0.05		mg/L		
<input type="checkbox"/> Silver (Ag)	0.05		mg/L		
<input type="checkbox"/> Sodium (Na)	-		mg/L		
<input type="checkbox"/> Zinc (Zn)	5		mg/L		
<input type="checkbox"/> Chloride (Cl)	250		mg/L		
<input type="checkbox"/> Fluoride (F)	4		mg/L		
<input checked="" type="checkbox"/> Nitrate as N	10	<0.5	mg/L	Y	MB
<input type="checkbox"/> Nitrite as N	0.5		mg/L		
<input type="checkbox"/> Sulfate (SO ₄)	250		mg/L		
<input type="checkbox"/> Hardness	-		mg/L as CaCO ₃		
<input type="checkbox"/> Conductivity	700		µmhos/cm 25°C		
<input type="checkbox"/> Corrosivity	-		-		
<input type="checkbox"/> Turbidity	1		NTU		
<input type="checkbox"/> Color	15		Color Units		
<input type="checkbox"/> pH	-		-		
<input type="checkbox"/> TDS	500		mg/L		
<input type="checkbox"/> TSS	-		mg/L		
<input type="checkbox"/> Cyanide (CN)	0.2		mg/L		
<input type="checkbox"/> Iron (Fe)	0.3		mg/L		
<input type="checkbox"/> Magnesium	-		mg/L		
<input type="checkbox"/> Calcium	-		mg/L		

MCL-Max. Contaminant Level TSS-Total Suspended Solids TDS-Total Dissolved Solids

COLIFORM BACTERIA (Lab Use Only)

SATISFACTORY (COLIFORM ABSENT)

Unsatisfactory (Coliform Present)
 Total Present Total Absent
 E.Coli Present E.Coli Absent

Other Lab Results

Total Coliform	/100ml	E.Coli	/100ml
Fecal Coliform	/100ml	Plate Count	/100ml

Another Sample Required

Sample Not Tested Because:
 Sample Too Old TNTC
 Wrong Container Turbid Culture
 Other _____ Excess Debris

Report Date: 5/9/08 Lab Analyst: EMS

Date Received: 5-8-08 Time: 13:27 By: me

OTHER ANALYSES REQUESTED

Inorganic Contaminants (IOC's)	
Volatile Organics (VOC's)	
Semivolatile Organics (SOC's)	
Private Well Test	

Laboratory Comments:

Lab Supervisor: Kathleen A. Little Report Date: 5-15-08

080508012-003 SPOA 5/15/2008
 SAMP 5/7/2008 RCVL 5/8/2008
 FUGSAMPID FOGC 69894 NICHOLS
 ANATEK LABS