

WATER WELL REPORT



Type of Work:

- Construction
 Decommission \leftrightarrow Original installation NOI No. _____

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

Construction Type: New well Alteration Deepening Other _____
Method: Driven Dug Jetted Cable Tool Air- Mud-Rotary

Dimensions: Diameter of boring 6 in., to 120 ft.
 Depth of completed well 120 ft.

Construction Details:		Wall	
Casing	Liner	Diameter	From To Thickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 in.	+2 118 in.
<input type="checkbox"/>	<input type="checkbox"/>	in.	in. in.
<input type="checkbox"/>	<input type="checkbox"/>	in.	in. in.
<input type="checkbox"/>	<input type="checkbox"/>	in.	in. in.

Perforations: Yes No Type of perforator used _____
 No. of perforations _____ Size of perforations _____ in. by _____ in.
 Perforated from _____ ft. to _____ ft. below ground surface

Screens: Yes No K-Packer \leftrightarrow 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? _____ ft.
 Material used in seal EXISTING
 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 2101 ft.
 Stick-up of top of well casing _____ ft. above ground surface
 Static water level 0 ft. below top of well casing Date _____
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (cap, valve, etc.)

Well Tests:
 Was a pumping test performed? No Yes \leftrightarrow 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 0 gpm with stem set at 120 ft. for 1 hrs. } Date 05/09/2024
 Artesian flow _____ gpm
 Temperature of water _____ °F Was a chemical analysis made? Yes No

Notice of Intent No. WE56138

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 $\frac{1}{4}$ - $\frac{1}{4}$ of the SW $\frac{1}{4}$; 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
EXISTING	0	60
GRAY SILTY CLAY DARK PIGMENTS	60	78
GRAY SOFT CLAY OCCASIONAL GRAVEL	78	120

RECEIVED
 DEPARTMENT OF ECOLOGY
MAY 29 2024
 WATER RESOURCES PROGRAM
 EASTERN REGIONAL OFFICE

Start Date 05/09/2024 Completed Date 05/09/2024

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 ~~IE~~ - 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 05/09/2024

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