

WATER WELL REPORT



Type of Work:

☒ Construction

☐ Decommission ☐ Original Installation NOI No.

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

Construction Type: ☐ New well ☐ Alteration ☐ Driven ☐ Tied ☐ Cable Tool
☒ Deepening ☐ Other ☐ Dug ☐ Air ☐ Mud-Rotary

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

Construction Details: Casing Inner Diameter From To Thickness Steel PVC Welded Thread
☐ 6 in. 2 118 in. ☐ ☐ ☐ ☐
☐ 12 in. ☐ ☐ ☐ ☐ ☐
☐ 18 in. ☐ ☐ ☐ ☐ ☐
☐ 24 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 ☐ 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 potable 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 Level: Land-surface elevation above mean sea level 2101 ft.

Stick-up of top of well casing _____ ft. above ground surface

Static water level _____ 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 by whom? _____

Yield _____ gpm with _____ ft. drawdown after _____ hrs

Yield _____ gpm with _____ ft. drawdown after _____ hrs

Yield _____ gpm with _____ ft. drawdown after _____ hrs

Recovery rate (time - min. when pump is turned off - water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

_____ _____ _____ _____ _____ _____

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_____ _____ _____ _____ _____ _____

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. 43371/530026

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 1/4 of the SW 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 L. ME - 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

ECW 056-1-20 (Rev. 08/19) If you need this document in an alternate format, please call the Water Resources Program at 360-407-5822. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-834-6341.