

Figure A-1. Example Well Tagging Form

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Well Tagging Form

Department of Ecology
Eastern Regional Office

Unique Well ID Tag Number: ACT-408

Use this form ONLY if an WELL REPORT IS FOUND
(Attach the original well report to this form)

If a water well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office by calling 360-407-6650 or e-mail mbru461@ecy.wa.gov.

Well Ownership, If Different From Well Report

First name <u>Jerry</u>	Last name <u>Price</u>
Street Address <u>76 Kifer Rd</u>	
City <u>Kettle Falls</u>	State <u>WA</u> Zip Code <u>99141</u>

Location of Well, If Different From Well Report

*Section, Township and Range are REQUIRED *

Well Address <u>76 Kifer Rd</u>					
City <u>Kettle Falls</u>			County <u>Ferry</u>		
1/4 - 1/4 <u>NE</u>	1/4 <u>NW</u>	Section <u>02</u>	Township <u>N 36</u>	Range <u>37</u>	☒ EWM or (check one) ☐ WWM
Latitude	Degrees <u>48°</u>	Minutes <u>39'</u>	Seconds <u>08.21"</u>		
Longitude	Degrees <u>118°</u>	Minutes <u>07'</u>	Seconds <u>08.66"</u>		

Elevation at land surface 1587 ☒ feet ☐ meters (check one)

Well Characteristics

Location of Well Identification Tag <u>Side of well</u>
--

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

Section _____

Well Report Change Form

Record any changes made to the well report record on this form.
Append this form to the well report image and file with the original well report.

Please print legibly and use ink pen only. **Fields marked with an asterisks (*) are required**

* This Well Report has been changed on: 07 / 29 / 2016
Month Day Year

* ☒ Not in Notice of Intent System (NITS)		* ☒ Notice of Intent System (NITS) Log ID# 181807	
*Regional Office: ☐ CRO	☒ ERO	☐ NWRO	☐ SWRO
Well Type: ☒ Water Well		☐ Resource Protection Well	
Notice of Intent Number:		Unique Ecology Well ID Tag Number: ACT408	
Original Property Owner Name: JERRY PRICE			
Well Site Street Address: 76 KIFER RD		City: KETTLE FALLS	County: FERRY Zip: 99141

Well Location

*Tax parcel number	* ¼ -¼ (within 40 acres) NE	* ¼ (within 40 acres) NW	*Section 02	*Township 36	*Range 37	*EWM ☒ or *WWM ☐
Latitude Degrees		Latitude Time		Horizontal Collection Method		
Longitude Degrees		Longitude Time				

Type of Work

New Well ☐	Reconditioned ☐	Deepened ☐
Well Report Received Date: 07/29/2016		Well Completed Date: 09/02/1997
Well Diameter (inches): 6	Well Depth (feet): 143	Other:
Driller License Number:		Trainee License Number:
Other (specify): No well tag.		
* Person Requesting Change: Fogle Pump		
* Reason For Change: Well tag added to side of well.		

* Tracker Signature:





WATER WELL REPORT FOR AN EXISTING WELL

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INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

Department of Ecology
Eastern Regional Office

CURRENT USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other _____

DIMENSIONS: Diameter of well 6 inches.
probed Depth of completed well 530 ft. if known.

CONSTRUCTION DETAILS

Liner installed ☐ Yes ☐ No ☒ Unknown
Type: ☐ PVC ☐ Steel ☐ Concrete Liner ☐ Other ☐ Unknown

Perforations ☐ Yes ☐ No ☒ Unknown

SIZE of perfs _____ in by _____ in and no of perfs _____ from _____ ft to _____ ft

Screens: ☐ Yes ☐ No ☒ Unknown Mfr's name _____

Type: ☐ Stainless Steel ☐ PVC ☐ Other _____
Diam. _____ Slot Size _____ from _____ ft to _____ ft

Gravel/Filter Packed: ☐ Yes ☐ No ☒ Unknown

Materials paced from _____ ft to _____ ft

Surface Seal: ☐ Yes ☐ No ☒ Unknown If know, to what depth _____ ft

Materials used if known: ☐ Bentonite ☐ Cement

PUMP: ☐ Yes ☒ No Mfr's Name _____

Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea

level 11650 ft

Static Level 4' ft below top of casing Date measured 6-14-16

Artesian pressure _____ lbs per square inch Date measured _____

Well head has cap? ☒ Yes ☐ No Shut off valve? ☐ Yes ☐ No

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

Was a pump test made? ☐ Yes ☐ No If yes, attach copy
☐ Unknown

Yield: _____ gal/min with _____ ft drawdown after _____ hrs

Unique Ecology Well ID Tag No. ACT-406

Water Right? If yes, attach copy ☐ Yes ☒ No

Property Owner Name Jerry Price

Well Street Address 716 Kifer Rd

City Kettle Falls County: Ferry

Tax Parcel No. 73602220001002

LOCATION

An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office.

Sec 2 Twn 36 R 37 ☒ WWM Circle one

<u>D</u>	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

This square represents one section of land, which is approx 640 acres. Within this section, circle the letter that best represents the location of the well within this section.

Latitude/Longitude Note: Section, Township, Range still REQUIRED

Lat Deg 48° Lat Min/Sec 39'06.78"

Long Deg 118° Long Min/Sec 07'29.84"

☐ GPS

☐ Survey

☐ Topographic Map

☒ Computer Generated

Additional Information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☒ Driller ☐ Engineer ☐ Property Owner ☐ Other

Name Jon Payne

Signature [Signature]

Driller License No. 3159

Date Signed 6-14-16

Drilling Company Fogle Pump

Address of person completing this form: _____

City, State, Zip _____