

Water Well Report For An Existing Well RECEIVED

Your well must be properly tagged prior to submitting this form.

Asterisks (*) indicate required fields. Mail completed original form to: AUG 0 3 2020 WA State Department of Ecology, PO Box 47600, Olympia, WA 98504-7600

> Department of Ecology Eastern Washington Office

Use this form if an original Water Well Report was never filed or is missing from Ecology records.

*Current Use

Momestic □Industrial □Municipal □Dewater
□Irrigation □Test Well □Other:_____

Dimensions

Diameter of well in.	+1-19'
Depth of completed well 400 ft. (if known)	

Construction Details

Liner installed: Yes XNo Unknown Type: PVC Steel Concrete Liner Unknown Other:

Perforations

□Yes XNo □Unknown Size of perforations ____in. by ____in. Number of perforations ____ from ____ft. to ____ft.

Screens

Yes	Mo □U	Inknown			
Type: 🛛 S	tainless Steel	PVC		Other:	_
Diameter	Slot Size	e fr	om	ft. to	ft.

Gravel/Filter Pack

□Yes	No	Unknown	
Materials	placed fr	rom ft. to	

Surface Seal

Pump

XYes No Unknown Type <u>Sub Sapon</u> Horse Power / Hp

Water Levels

Land-surface elevation above mean sea level $\frac{775}{\text{ft.}}$ Casing stick-up $\frac{2'}{2}$ above/below land surface Static Level $\frac{30'}{2}$ ft. below top of casing Date measured: $\frac{7-17}{20}$ Artesian pressure _____ lbs. per square in. Date measured: _____ Well head has cap? \Box Yes \Box No Shut off valve? \Box Yes \Box No

Well Tests:

Drawdown is amount water level is lowered below static level. Was a pump test made? [Yes (attach copy)] No [] Unknown Yield: _____ gal/min. with _____ ft. drawdown after _____ hrs.

*Unique Ecology Well ID Tag Number: <u>BIO-473</u>
*Water Right: 🗌 Yes (if yes, attach a copy) 🛛 🖉 No
*Property Owner Name: <u>Matt Good</u>
*Well Street Address: 267 Hwy 395 South
*City: <u>Colville</u> *County: <u>Stevens</u>
*Site Well ID:
*Tax Parcel Number: <u>227/850</u>
*Date Well Constructed: 4-15-1986
*Location (Township, Range, Section)
An accurate location of your well is very important. The Section, Township, Range, and ¼, ¼ can be found on your tax parcel legal description or through your county assessor's office.
Township <u>35</u> Range <u>39</u> ⊠EWM or ⊡WWM
Section 28 1/4-1/4 NE 1/4
Comments: <u>Customer well Log</u> <u>Shows Airtest 3/4 gpm</u> with stem set at 390' for 1 HR.

Latitude/Longitude (Decimal Degrees recorded to 5 decimal places)

Latitude (Example 47.12345) 48.5072.32

Longitude (Example 118.12345) //7. 899249

Additional Information (If available, please attach)

Location marked on topographic map

- Location marked on air photo
- Consultant well report

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

Consulting Firm	Engineer Property Owner
Name: Jon Payne	Company: Forale Pump
License Number: 3159	Address of person completing this form:
Signature:	2250 N Hmy
Date Signed: 7-17-2020	City, State, Zip: Colville wA 99114

ECY 070-557 (09/2016) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program 360-407-6872. Person with impaired hearing may call Washington Relay Services at 711. Persons with speech disability may call TTY at 877-833-6341