File Original and First Copy with Department of Ecology
Second Copy - Owner's Copy
Third Copy - Driller's Copy

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No. W060467
UNIQUE WELL I.D. # 408
Water Right Permit No. ACT-408

(1) OWNER: Name Jerry Price Address P.O. Bx. 120 Black Diamond

(2) LOCATION OF WELL: County Ferry NE 1/4 SW 1/4 Sec. 2 T. 36 N. R. 37 E. W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 716 Kifer Rd NE NW 2 36 37

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐ ☐ Irrigation ☐ Test Well ☐ Other ☐ ☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 6
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 585 feet. Depth of completed well 585 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6" Diam. from +1 ft. to 64 ft.
Welded ☒ 4" Diam. from -10 ft. to 546 ft.
Threaded ☐ " Diam. from ft. to ft.

Perforations: Yes ☐ No ☒
Type of perforator used
Size of perforations in. by in.
perforations from -10 ft. to 570 ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: Yes ☒ No ☐
Manufacturer's Name
Type Model No
Diam 6" Slot size 8 from 555 ft. to 565 ft.
Diam 4" Slot size 8 from 530 ft. to 535 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
Material used in seal Cement
Did any strata contain unusable water? Yes ☐ No ☒
Type of water Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level
Static level 10 ft. below top of well Date 8/14/97
Artesian pressure lbs. per square inch Date
Artesian water is controlled by (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " "
" " " "
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 7 gal./min. with ft. drawdown after hrs.
Airlift test gal./min. with stem set at 525 ft. for 2 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made?

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Topsoil	0	1
Sand & Red	1	15
Sand Brown	15	35
Broken Rock	35	45
Sand	45	50
Broken Rock w/sand 1/4	50	65
Grey stone	65	130
Brown Coal	130	240
Grey stone	240	300
Grey & Brown	300	325
Grey stone	325	370
Grey & Brown 1 gpm	370	400
Grey stone	400	460
Grey & Sandy 1 gpm	460	480
Grey stone	480	560
Brown 1 gpm	560	575
Grey stone	575	585

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DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work Started 8/14 19 Completed 8/1/97

WELL CONSTRUCTOR 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.

NAME K.C. Kane Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 5505 E Broadway Spokane WA
(Signed) Kent Kane (WELL DRILLER) License No. 2101
Contractor's Registration No. Date 19

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. If special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

Figure A-1. Example Well Tagging Form

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Department of Ecology
Eastern Regional Office

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

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	Last name
Jerry	Price

Street Address		
76 Kifer Rd		
City	**State**	**Zip Code**
Kettle Falls	WA	99141

Location of Well, If Different From Well Report

*Section, Township and Range are REQUIRED *

Well Address					
76 Kifer Rd					
City			**County**		
Kettle Falls			Ferry		
¼ - ¼	¼	Section	Township	Range	☒ EWM ☐ WWM (check one)
NE	NW	02	N 36	37	
Latitude	Degrees 48°	Minutes 39'	Seconds 08.21"		
Longitude	Degrees 118°	Minutes 07'	Seconds 08.66"		

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

Well Characteristics

Location of Well Identification Tag
Side of well

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)	* ¼ (within 40 acres)	*Section	*Township	*Range	*EWM ☒ or *WWM ☐
	NE	NW	02	36	37	

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

RECEIVED
JUL 29 2016

Department of Ecology
Eastern Regional Office

WASHINGTON STATE DEPARTMENT OF ECOLOGY

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.

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

DIMENSIONS: Diameter of well 6 inches.
Probable 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 Mf'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 Mffr's Name _____
Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level 1650 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 76 Kifer Rd
City Kettle Falls County: Ferry
Tax Parcel No. 7360222000 1002

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 yor county assessor's office
Sec 2 Twn 36 R 37 EWM or WWM (Circle one)

ⓓ	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/Sect 39'06.78"
Long Deg 118° Long Min/Sect 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 _____
Driller License No. 3159
Date Signed 6-14-16

Drilling Company Eagle Pump
Address of person completing this form: _____
City, State, Zip _____

Original – Ecology

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