WATER WELL REPORT

DEPARTMENT OF ECOLOGY State of Washington

Type of Work:
☒ Construction
☐ Decommission ⟹ Original installation NOI No. _____

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

Construction Type: ☒ New well ☐ Alteration ☐ Deepening ☐ Other _____

Method: ☐ Driven ☐ Jetted ☐ Cable Tool ☐ Dug ☒ Air- ☐ Mud-Rotary

Dimensions: Diameter of boring 6 in., to 280 ft.
Depth of completed well 280 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+2	18	in.	☒	☐	☒	☐
☐	☒	4 in.	7	280	in.	☐	☒	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used SKILSAW
No. of perforations 114 Size of perforations 1/8 in. by 7 in.
Perforated from 140 ft. to 280 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? 18 ft.
Material used in seal BENTONITE & CASING
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 _____ ft.
Stick-up of top of well casing _____ ft. above ground surface
Static water level 32 ft. below top of well casing Date 09/30/2022
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 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 4-6 gpm with stem set at 279 ft. for 1 hrs. } Date 09/30/2022
Artesian flow _____ gpm
Temperature of water _____ °F Was a chemical analysis made? ☐ Yes ☒ No

Notice of Intent No. WE50682
Unique Ecology Well ID Tag No. BNL045
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name STEVEN GIBBS & PATRICK GIBBS
Well Street Address 12818 E BRIDGES ROAD
City ELK County SPOKANE
Tax Parcel No. 49152.9056
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
NE ¼-¼ of the NW ¼; Section 15 Township 29 Range 44
Latitude (Example: 47.12345) 48.01283
Longitude (Example: -120.12345) -117.23322

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
TOP SOIL	0	2
DECOMPOSED GRANITE	2	16
GRANITE BROWN SOFT	16	25
GRANITE DARK GRAY SOFT	25	96
GRANITE GRAY SOFT	96	101
GRANITE DARK GRAY SOFT	101	184
GRANITE PINK SOFT	184	213
GRANITE DARK GRAY MEDIUM	213	229
GRANITE DARK PINK MEDIUM	229	240
GRANITE GRAY MEDIUM	240	280

Start Date 09/29/2022 Completed Date 09/30/2022

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 ☐ PE – Print Name BRIAN SCHAEFER
Signature [signature]
License No. 3325
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company FOGLE PUMP & SUPPLY, INC.
Address 112 W 1ST STREET
City, State, Zip DEER PARK, WA 99006
Contractor's Registration No. FOGLEPS095L4 Date 09/30/2022