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 120 ft.
Depth of completed well 120 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+2	113	____ in.	☒	☐	☒	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ 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 110 ft.
Manufacturer's Name ALLOY MACHINE
Type STAINLESS Model No. _____
Diameter 5 in. Slot size PIPE in. from 110 ft. to 115 ft.
Diameter 5 in. Slot size 20 in. from 115 ft. to 120 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
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 1799 ft.
Stick-up of top of well casing ____ ft. above ground surface
Static water level 63 ft. below top of well casing Date 02/15/2024
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 20+ gpm with stem set at 115 ft. for 1 hrs. Date 02/15/2024
Artesian flow ____ gpm
Temperature of water ____ ° F Was a chemical analysis made? ☐ Yes ☒ No

Notice of Intent No. WE55375
Unique Ecology Well ID Tag No. BPF292
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name MOLLY MICHAEL
Well Street Address 780 GILLETTE ROAD
City COLVILLE County STEVENS
Tax Parcel No. 2285960
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 ¼-¼ of the SE ¼; Section 08 Township 36 Range 39
Latitude (Example: 47.12345) 48.63089
Longitude (Example: -120.12345) -117.91777

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
SAND AND COBBLES	2	10
SAND AND GRAVELS NO WATER	10	70
SAND AND GRAVELS W/ WATER	70	120

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DEPARTMENT OF ECOLOGY
MAY 01 2024
WATER RESOURCES PROGRAM
EASTERN REGIONAL OFFICE

Start Date 02/15/2024 Completed Date 02/15/2024

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 ☐ PE – Print Name AUSTIN GEE
Signature _____
License No. 3335
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 02/15/2024

ECY 050-1-20 (Rev 08/19) *If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

The Department of Ecology does not warranty the data and\or information on this well report.