

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent

UNIQUE WELL ID #

Water Right Permit No.

(1) OWNER: Name Frank Matney Address 104 Northwest Hobbes Rd

(2) LOCATION OF WELL: County Stevens SE 1/4 36 1/4 Sec 27 T. 36 N.R. 38 WM

(2a) STREET ADDRESS OF WELL: (or nearest address) SB NE

TAX PARCEL NO.:

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

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

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 370 feet Depth of completed well 560 ft.

(6) CONSTRUCTION DETAILS
Casing installed: 6 Diam from 51 ft to 520 ft
☒ Welded Diam from 55 ft to 560 ft
☒ Liner installed
☐ Threaded

Perforations: ☐ Yes ☒ No
Type of perforator used SKILL SAW
SIZE of perforations 1/4 in by 6 in
100 perforations from 560 ft to 500 ft

Screens: ☐ Yes ☒ No ☐ K-Pac Location _____
Manufacturer's Name _____
Type _____ Model No _____
Diam _____ Slot Size _____ from _____ ft to _____ ft.
Diam _____ Slot Size _____ from _____ ft to _____ ft.

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand _____
Material placed from _____ ft to _____ ft

Surface seal: ☒ Yes ☐ No To what depth? 20 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 _____

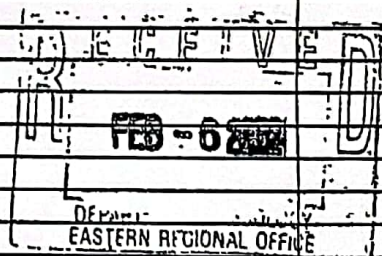
(7) - PUMP: Manufacturer's Name _____
Type _____ HP _____

(8) WATER LEVELS: Land surface elevation above mean sea level _____ ft
Static level 40 ft below top of well Date 12/5/01
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
Yield _____ gal/min with _____ ft drawdown after _____ hrs
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 _____ gal/min with _____ ft drawdown after _____ hrs
Airtest 50 gal/min with 560 ft drawdown after 1 hrs
Artesian flow _____ g.p.m Date _____
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
Formation. Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered.

MATERIAL	FROM	TO
Topsoil	0	3
Clay & gravel	3	40
Clay & gravel	40	300
Clay water & sand	300	380
Clay & fine sand	380	520
Drillable broken	520	560



Work Started 8/1 Completed 12/5/01

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.

Type or Print Name Karl Jones License No. 2101
(Licensed Driller/Engineer)

Trainee Name _____ License No. _____
Drilling Company KANE DRILLING
(Signed) Karl Jones License No. 2101
(Licensed Driller/Engineer)

Address 5503 E Broadway

Contractor's Registration No. Driller 097005 Date 12/5/01

(USE ADDITIONAL SHEETS IF NECESSARY)

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