

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W060967

UNIQUE WELL I.D. # 408

Water Right Permit No. ACT-408

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

(1) OWNER: JERRY PRICE 70-By 190 Black Diamond

LOCATION OF WELL: County Ferry NE 1/4 SW 1/4 Sec. 4-36-37

(2a) STREET ADDRESS OF WELL (if nearest address) 76 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 wells (if more than one) 6
 Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 6 inches.
 Casing 5.85 feet. Depth of completed well 585 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 5 Diam from +1 ft. to 64 ft.
4 Diam from -10 ft. to 585 ft.
 Perforations: Yes No
 Type of perforator used _____
 Size of perforations _____ in. by _____ in.
5 perforations from -10 ft. to 570 ft.
 Screens: Yes No
 Manufacturer's Name _____
 Size of gravel _____
 Surface seal: Yes No To what depth? 20 ft.
 Material used in seal Gravel
 Test of water: _____
 Depth of waste _____

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

(8) WATER LEVELS: Land surface elevation above mean sea level 10
 Date 8/14/88
 Static water level controlled by _____ (C&S valve, etc.)

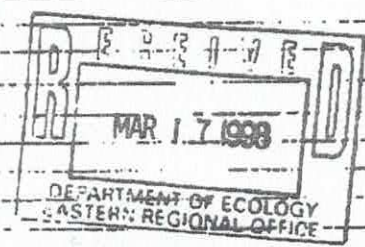
(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Has a test been made? Yes No If yes by whom? _____
 Yield _____ gal/min with _____ ft. drawdown after _____ hrs.
 Recovery data (time taken as zero when pump turned off, (water level measured from well top to water level):
 Water Level _____ Time _____ Water Level _____ Time _____ Water Level _____
 Date of test _____

Flow rate _____ gal/min with _____ ft. drawdown after _____ hrs.
 _____ gal/min with screen set at _____ ft. for _____ hrs.
 _____ gpm _____ Date _____

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of each and the kind and name of the material in each stratum penetrated, with at least one (1) ft. change of information.

MATERIAL	FROM	TO
Top soil	0	1
Sandstone	1	15
Sandstone	15	35
Shale	35	45
Sandstone	45	50
Shale	50	65
Shale	65	130
Shale	130	240
Shale	240	300
Shale	300	325
Shale	325	370
Shale	370	420
Shale	420	460
Shale	460	480
Shale	480	560
Shale	560	585



Work Started 8/14 - 19 88 Completed 8/11 - 19 88

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. Howe Drilling
 Address 5503 E Broadway Spokane WA
 (Signed) Mark Howe License No. 7101

Contractor's Registration No. _____ Date _____
 (USE ADDITIONAL SHEETS IF NECESSARY)

Figure A-1. Example Well Tagging Form

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JUL 29 2016



Well Tagging Form

Department of Ecology
Central Regional Office

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 <u>Jerry</u>	Last name <u>Price</u>	
Street Address <u>76 Kifer Rd</u>		
City <u>Kettle Falls</u>	State <u>WA</u>	Zip Code <u>99141</u>

Location of Well, If Different From Well Report

*Section, Township and Range are REQUIRED *

Well Address <u>76 Kifer Rd</u>					
City <u>Kettle Falls</u>			County <u>Ferry</u>		
¼ - ¼ <u>NE</u>	¼ <u>NW</u>	Section <u>02</u>	Township <u>N 36</u>	Range <u>37</u>	<input checked="" type="checkbox"/> EWM or (check one) <input type="checkbox"/> WWM
Latitude	Degrees <u>48°</u>	Minutes <u>37</u>	Seconds <u>08.21"</u>		
Longitude	Degrees <u>118°</u>	Minutes <u>07</u>	Seconds <u>08.16"</u>		

Elevation at land surface 1587 feet meters (check one)

Well Characteristics

Location of Well Identification Tag <u>side of well</u>
--

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
NE NW 02 36 37 or *WWM

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

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.

THE DEPARTMENT OF ECOLOGY DOES NOT WARRANT THE DATA AND/OR THE INFORMATION ON THIS WELL REPORT

<p>CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other _____</p> <p>DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>530</u> ft. if known <u>probe</u></p> <p>CONSTRUCTION DETAILS Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs _____ in by _____ in and no of perfs _____ from _____ ft to _____ ft</p> <p>Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Mf's name _____ Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ Diam. _____ Slot Size _____ from _____ ft to _____ ft</p> <p>Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials paced from _____ ft to _____ ft</p> <p>Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth _____ ft Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement</p> <p>PUMP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mfr's Name _____ Type: _____ H.P. _____</p> <p>WATER LEVELS: Land-surface elevation above mean sea level <u>1650.2</u> Static Level <u>4'</u> ft below top of casing Date measured <u>6-14-16</u> Artesian pressure _____ lbs per square inch Date measured _____ Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: _____ gal/min with _____ ft drawdown after _____ hrs</p>	<p>Unique Ecology Well ID Tag No. <u>ACT-406</u></p> <p>Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Property Owner Name <u>Jerry Price</u></p> <p>Well Street Address <u>716 Kifer Rd</u></p> <p>City <u>Kettle Falls</u> County: <u>Ferry</u></p> <p>Tax Parcel No. <u>73602220001002</u></p> <p>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 your county assessor's office Sec <u>2</u> Twn <u>36</u> R <u>37</u> (circle one)</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p style="font-size: small;">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.</p> <p>Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48°</u> Lat Min/Sec <u>39'06.78"</u> Long Deg <u>118°</u> Long Min/Sec <u>07'29.84"</u></p> <p><input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Computer Generated</p> <p>Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)</p>		C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
	C	B	A														
E	F	G	H														
M	L	K	J														
N	P	Q	R														

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

Driller Engineer Property Owner Other
 Name Jon Payne
 Signature [Signature]
 Driller License No. 3159
 Date Signed 6-14-16

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