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 200 ft.
Depth of completed well 200 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+1.5	18.5	____ in.	☒	☐	☐	☐
☐	☒	4 in.	-10	200	____ in.	☐	☒	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used SKILSAW
No. of perforations 50 Size of perforations 1/8 in. by 7 in.
Perforated from 90 ft. to 200 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? 18.5 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 73 ft. below top of well casing Date 08/07/2020
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 2 gpm with stem set at 200 ft. for 1 hrs. Date 08/07/2020
Artesian flow _____ gpm
Temperature of water _____ ° F Was a chemical analysis made? ☐ Yes ☒ No

Notice of Intent No. WE40154
Unique Ecology Well ID Tag No. BMH544
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name DEREK MILLER
Well Street Address TBD TEDESCO ROAD
City REPUBLIC County FERRY
Tax Parcel No. 33703110040000

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SEP 03 2020
Department of Ecology
Eastern Washington Office

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 NE ¼; Section 03 Township 37 Range 33
Latitude (Example: 47.12345) _____
Longitude (Example: -120.12345) _____

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
DECOMP SHALE TAN SOFT	0	32
SHALE GRAY SOFT MEDIUM	32	65
SHALE GRAY QUARTZ WHITE FRAC	65	72
SHALE GRAY QUARTZ WHITE MEDIUM SOFT	72	126
SHALE GRAY MEDIUM	126	152
SHALE GRAY QUARTZ WHITE FRACS	152	158
SHALE GRAY QUARTZ WHITE MEDIUM	158	183
SHALE GRAY QUARTZ WHITE FRACS	183	
W/ 2 GPM TOTAL		184
SHALE GRAY QUARTZ WHITE MEDIUM	184	200

Start Date 08/07/2020 Completed Date 08/07/2020

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 JUSTIN RICARD
Signature Justin Ricard
License No. 3061
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company FOGLE PUMP & SUPPLY, INC.
Address PO BOX 456
City, State, Zip REPUBLIC, WA 99166
Contractor's Registration No. FOGLEPS095L4 Date 08/07/2020

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