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WATER RESOURCES PROGRAM
SHERI MCMICHEAL
MARCH 7, 2025

WATER WELL REPORT

DEPARTMENT OF ECOLOGY State of Washington

Notice of Intent No. WE56928
Unique Ecology Well ID Tag No. BQG562
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name RANDY BOSTRUM
Well Street Address 842 DD VALLEY WESTSIDE ROAD
City COLVILLE County STEVENS
Tax Parcel No. 2258204
Was a variance approved for this well? ☐ Yes ☒ No
If yes, what was the variance for? _____

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 140 ft.
Depth of completed well 123 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+1	76	.250 in.	☒	☐	☒	☐
☐	☒	4 in.	-13	123	.250 in.	☐	☒	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used SKILSAW
No. of perforations 79 Size of perforations 1/4 in. by 6 in.
Perforated from 75 ft. to 123 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
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 1759 ft.
Stick-up of top of well casing _____ ft. above ground surface
Static water level 40 ft. below top of well casing Date 06/25/2024
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 6 gpm with stem set at 238 ft. for 1 hrs. Date 06/25/2024
Artesian flow _____ gpm
Temperature of water _____ °F Was a chemical analysis made? ☐ Yes ☒ No

Location (see instructions on page 2): ☐ WWM or ☒ EWM
SW ¼-¼ of the SW ¼; Section 20 Township 35 Range 39
Latitude (Example: 47.12345) 48.51343
Longitude (Example: -120.12345) -117.93010

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	1
SAND AND GRAVELS	1	10
GRAY CLAY	10	18
BROKEN SHALE W/ CLAY	18	76
QUARTZ SOFT	76	110
QUARTZ FRACTURED W/ WATER	110	113
QUARTZ MEDIUM SOFT	113	140
CAVED IN TO 123'		

Start Date 06/24/2024 Completed Date 06/25/2024

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 06/25/2024

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