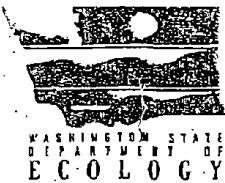


The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.



WATER WELL REPORT

FOR AN EXISTING WELL

SEP 28 2009
Water Resources Program
Department of Ecology

INSTRUCTIONS:

Use this form only 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 Dept of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐ DeWater ☐ Irrigation ☐ Test Well ☒ Other <u>Not in use</u>	Unique Ecology Well ID Tag No. <u>BBH 902</u> Water Right? If yes, attach copy ☒ Yes ☐ No Property Owner Name <u>Edward Johnson</u> Well Street Address <u>745 Dry Gulch</u> City <u>Colville</u> County <u>Stevens</u> Tax Parcel No. <u>2289665</u>																
DIMENSIONS: Diameter of well <u>7</u> inches. Depth of completed well <u>160</u> ft. if known.	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>13</u> Twn <u>36</u> R <u>39</u> EWM circle or one WWM																
CONSTRUCTION DETAILS Liner Installed ☐ Yes ☐ No ☒ Unknown TYPE: ☐ PVC ☒ Steel ☐ Concrete Liner ☐ Other ☐ Unknown Perforations: ☐ Yes ☐ No ☒ Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft. Screens: ☐ Yes ☐ No ☒ Unknown Mfr's Name _____ TYPE: ☐ Stainless Steel ☐ PVC ☐ Other _____ Diam. _____ Slot Size _____ from _____ ft. to _____ ft. Gravel/Filter packed: ☐ Yes ☐ No ☒ Unknown Materials placed from _____ ft. to _____ ft. Surface Seal: ☐ Yes ☐ No ☒ Unknown If known, to what depth _____ ft. Materials used if known: ☐ Bentonite ☐ Cement PUMP: ☐ Yes ☒ No Mfr's Name _____ Type: _____ H.P.	<table border="1"><tr><td>D</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> 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.	D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A														
E	F	G	H														
M	L	K	J														
N	P	Q	R														
WATER LEVELS: Land-surface elevation above mean sea level <u>3</u> ft. Static level <u>39'</u> ft. below top of casing Date measured <u>9-4-09</u> Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? ☒ Yes ☐ No Shut off valve? ☐ Yes ☒ No	Latitude/Longitude NOTE: Section, Township, Range still REQUIRED Lat Deg _____ Lat Min/Sec _____ Long Deg _____ Long Min/Sec _____ ☐ GPS ☐ Survey ☒ Topographic Map ☐ Computer Generated																
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? ☐ Yes ☐ No If yes, attach copy ☒ Unknown Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.	Additional Information, if available: ☒ Location marked on topographic map (please attach) ☐ Location marked on air photo (please attach) RECEIVED SEP 30 2009																

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

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

☐ Driller ☐ Engineer ☒ Property Owner ☐ Other

Name

Edward Johnson

Drilling Company

UNKNOWN

Signature

Edward Johnson

Address of person completing this form:

P.O. Box 5947 Kent WA 98064

Driller License No.

Date Signed

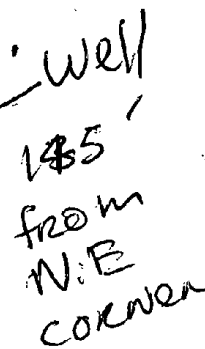
Sept 17, 2009

City, State, Zip

Kent WA 98064

Original - Ecology

Ecology is an Equal Opportunity Employer.



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