WASHINGTON STATE DEPARTMENT OF ECOLOGY

# Well Tagging Form

Unique Well ID Tag Number: BHW-434

## 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.

RECEIVED
JUN 23 2014
Department of Ecology
Eastern Regional Office

### Well Ownership, If Different From Well Report

| First name | Last name |
|---|---|
| Jim | Ellis |

| Street Address | | |
|---|---|---|
| 1542 Hwy 25 South | | |
| **City** | **State** | **Zip Code** |
| Kettle Falls | WA | 99141 |

### Location of Well, If Different From Well Report

*Section, Township and Range are REQUIRED *

| Well Address | | | | | |
|---|---|---|---|---|---|
| 1542 Hwy 25 South | | | | | |
| City: Kettle Falls | | | County: Stevens | | |
| ¼ - ¼: NW | ¼: SW | Section: 2 | Township: N. 35 | Range: 37 | ☒ EWM or (check one) ☐ WWM |
| Latitude | Degrees: 48° | Minutes: 33' | Seconds: 23.44" | [redacted] | |
| Longitude | Degrees: 118° | Minutes: 07' | Seconds: 26.73" | | |

Elevation at land surface 1319 ☒ feet ☐ meters (check one)

### Well Characteristics

Location of Well Identification Tag: Side of well

| | | | |
|---|---|---|---|
| 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

Comments

File Original and First Copy with Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 057154

Water Right Permit No. BHW-434

(1) **OWNER:** Name JIM T. ELLIS Address 1018 Orin Rice Rd. Colville, WA

(2) **LOCATION OF WELL:** County Stevens TAX#12 ¼ SW ¼ Sec 2 T. 35 N., R 37 W.M.

(2a) **STREET ADDDRESS OF WELL** (or nearest address)

(3) **PROPOSED USE:** [X] Domestic [ ] Industrial [ ] Municipal [ ] Irrigation [ ] Test Well [ ] Other [ ] DeWater

(4) **TYPE OF WORK:** Owner's number of well (if more than one)

Abandoned [ ] New well [X] Method: Dug [ ] Bored [ ] Deepened [ ] Cable [ ] Driven [ ] Reconditioned [ ] Rotary [X] Jetted [ ]

(5) **DIMENSIONS:** Diameter of well 6 inches. Drilled 300 feet. Depth of completed well 300 ft.

(6) **CONSTRUCTION DETAILS:**

**Casing installed:** 6 " Diam. from +1 ft. to 24 ft.
Welded [X]
Liner installed [ ] " Diam. from ft. to ft.
Threaded [ ] " Diam. from ft. to ft.

**Perforations:** Yes [ ] No [X]
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

**Screens:** Yes [ ] No [X]
Manufacturer's Name
Type Model No.
Diam. Slot size from ft. to ft.
Diam. Slot size from ft. to ft.

**Gravel packed:** Yes [ ] No [X] Size of gravel
Gravel placed from ft. to ft.

**Surface seal:** Yes [X] 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

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

(8) **WATER LEVELS:** Land-surface elevation above mean sea level ft.
Static level 25 ft. below top of well Date
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: 5-6 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 5-6 gal./min. with stem set at 300 ft. for 1 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes [ ] No [ ]

(10) **WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION**

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

| MATERIAL | FROM | TO |
|---|---|---|
| Clay, sand & boulders | 0 | 16 |
| Limestone, gray broken | 16 | 23 |
| Limestone, gray soft | 23 | 70 |
| Limestone, gray & white soft | 70 | 84 |
| Limestone, dark gray medium | 84 | 145 |
| Limestone, gray & white soft | 145 | 148 (W |
| Limestone, gray medium | 148 | 260 |
| Limestone, gray & white soft | 260 | 265 (Wl |
| Limestone, gray medium | 265 | 300 |

Inv. 118034

Work started 5/14, 19. Completed 5/15, 19 92

**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 FOGLE PUMP & SUPPLY INC. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 316 WEST 5TH COLVILLE WA 99114

(Signed) William B. Davis (WELL DRILLER) License No. 1356

Contractor's Registration No. FOGLEPS095L4 Date 5/15, 19 92

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329- 3

File Original and First Copy with Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

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Perforations: Yes [ ] No [X]
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
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_____ perforations from _____ ft. to _____ ft.

Screens: Yes [ ] No [X]
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
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|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Date of test _____
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| Limestone, gray & white soft | 145 | 148 (WBC |
| Limestone, gray medium | 148 | 260 |
| Limestone, gray & white soft | 260 | 265 (WB) |
| Limestone, gray medium | 265 | 300 |

RECEIVED
2 1992
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Work started 5/14 19. Completed 5/15 19 92

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ECY 050-1-20 (10/87) -1329-

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