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 162 ft.
Depth of completed well 162 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+2'	58'3"	0.250 in.	☒	☐	☒	☐
☐	☒	4.5 in.	42	162	0.250 in.	☐	☒	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used SAW
No. of perforations 14 Size of perforations 1/4 in. by 6 in.
Perforated from 123 ft. to 161 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? 57 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 _____ ft.
Stick-up of top of well casing _____ ft. above ground surface
Static water level 47.5 ft. below top of well casing Date 04-08-2024
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 75 gpm with stem set at 162 ft. for 1 hrs. } Date 04-08-2024
Artesian flow _____ gpm
Temperature of water _____ ° F Was a chemical analysis made? ☐ Yes ☐ No

Notice of Intent No. WE55757
Unique Ecology Well ID Tag No. BBQ559
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name NICOLAS & MINDY PATEE
Well Street Address 145 RESORT LANE WELL#2
City KALAMA County COWLITZ
Tax Parcel No. WC2503014
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
SE ¼-¼ of the SW ¼; Section 25 Township 6N Range 1W
Latitude (Example: 47.12345) 45.968839
Longitude (Example: -120.12345) -122.755712

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	2
CLAY RED-BROWN	2	8
CLAY TAN	8	17
GRITTY CLAY TAN-BROWN	17	27
CLAY & ROCK BROWN-GRAY	27	43
ROCK BLUE-GRAY-BROWN BROKEN	43	48
ROCK BLUE-GRAY MEDIUM	48	88
ROCK GRAY-BROWN MEDIUM	88	107
CLAYSTONE RED MEDIUM-SOFT	107	111
ROCK BROWN-GRAY MEDIUM	111	124
ROCK BLACK WITH WHITE MEDIUM-HARD	124	130
ROCK RED-GRAY-BLACK WITH WHITE	130	147
MEDIUM	-	-
ROCK RED-GRAY-BLACK WITH WHITE	147	153
BROKEN	-	-
ROCK RED-BLACK-GRAY WITH WHITE	153	162
MEDIUM	-	-

Start Date 04-05-2024 Completed Date 04-08-2024

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 ANDY ORTH
Signature _____
License No. 2345
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company DALE MCGHEE & SONS WELL DRILLING, INC.
Address 4409 PLEASANT HILL ROAD
City, State, Zip KELSO, WA 98626
Contractor's Registration No. DALEMI*212MC Date 04-10-2024