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 64 ft.
Depth of completed well 64 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+2	58'4"	0.250 in.	☒	☐	☒	☐
☐	☐	in.			in.	☐	☐	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐
☐	☐	in.			in.	☐	☐	☐	☐

Perforations: ☐ Yes ☒ No Type of perforator used _____
No. of perforations _____ Size of perforations _____ in. by _____ in.
Perforated from _____ ft. to _____ 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? 25 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 44.6 ft. below top of well casing Date 09-17-2024
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 17 gpm with stem set at 64 ft. for 1 hrs. } Date 09-17-2024
Artesian flow _____ gpm
Temperature of water _____ °F Was a chemical analysis made? ☐ Yes ☐ No

Notice of Intent No. WE57741
Unique Ecology Well ID Tag No. BQS612
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name CHILTON INC.
Well Street Address NEXT TO 308 WILKINSON ROAD
City ARIEL County COWLITZ
Tax Parcel No. EH2405008
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
NW ¼-¼ of the NW ¼; Section 24 Township 6N Range 2E
Latitude (Example: 47.12345) 45.996013
Longitude (Example: -120.12345) -122.50246

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 TAN-BROWN	2	5
BOULDERS & CLAY GRAY-BROWN	5	12
BROKEN ROCK & CLAY GRAY-BROWN	12	30
ROCK BLUE-GRAY BROWN BROKEN	30	41
GRAVEL & SAND BROWN-RED-ORANGE	41	63
ROCK RED MEDIUM	63	64

Start Date 09-17-2024 Completed Date 09-17-2024

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 [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 10-08-2024