WATER WELL REPORT



Construction	
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Type of Work:

□ Construction → Original installation NOI No.	Water Right Permit/Certificate N
Proposed Use: Domestic Industrial Municipal Dewatering Irrigation Test Well Other	Property Owner Name
Construction Type: Method: New well Alteration Driven Jetted Cable Tool Deepening Other Dug Air- Mud-Rotary	Well Street Address City Tax Parcel No.
Dimensions: Diameter of boring in., to ft. Depth of completed well ft.	Was a variance approved for this
Construction Details: Wall	If yes, what was the variance for
Casing Liner Diameter From 16 Inickness Steel PVC weided Inread \square <t< td=""><td>Location (see instructions on pag <u>1/4-1/4</u> of the <u>1/4</u>; See Latitude (Example: 47.12345) <u></u> Longitude (Example: -120.12345)</td></t<>	Location (see instructions on pag <u>1/4-1/4</u> of the <u>1/4</u> ; See Latitude (Example: 47.12345) <u></u> Longitude (Example: -120.12345)
Perforations: □ Yes □ No Type of perforator used	Driller's Log/Constr Formation: Describe by color, charact nature of the material in each layer pe information. Use additional sheets if
Screens: Yes No Image: K-Packer Image: Depth ft. Manufacturer's Name Model No. Image: Depth Image: Depth	Material
36ea. 2" cuts per foot in. fromft. toft. Diameterin. Slot sizein. fromft. toft.	
Sand/Filter pack: \Box Yes \Box No Size of pack material in. Materials placed fromft. toft. ft.	
Surface Seal: Yes No To what depth? ft. Material used in seal	
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 ft. below top of well casing Date Artesian pressure lbs. per square inch Date Artesian water is controlled by (cap, valve, etc.)	
Well Tests: Was a pumping test performed? No Yes >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
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 testgpm withft. drawdown afterhrs. Air testgpm with stem set atft. forhrs. Artesian flowgpm	
Temperature of water ° F Was a chemical analysis made? □ Yes □ No	Start Date

Notice of Intent No.				
Unique Ecology Well ID Tag No.				
Site Well Name (if more than one well):				
Water Right Permit/Certificate No.				
Property Owner Name				
Well Street Address				
City County				
Tax Parcel No.				
Was a variance approved for this well? \Box Yes \Box	No			
If yes, what was the variance for?				
Location (see instructions on page 2):		or 🗆 EWM		
¹ / ₄ -1/4 of the ¹ / ₄ ; Section Towns	hip R	ange		
Latitude (Example: 47.12345)				
Longitude (Example: -120.12345)				
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	То		

Completed Date

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.

\Box Driller \Box Trainee \Box PE – Print Name	Drilling Company	
Signature 944	Address	
License No.	City, State, Zip	
IF TRAINEE: Sponsor's License No.	Contractor's	
Sponsor's Signature	Registration No.	Date

ECY 050-1-20 (Rev 08/19) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.