

State of Washington

Washington Water Right Permit No

Water Well Report

Unique Well ID

AGC-335

Notice of Intent

WE01869

(1) Owner SCOTT, JASON R C/O BILL BAGBY Address 523 E Second Avenue Spokane WA 99202

(2) Location of Well County SPOKANE NW 1/4 SE 1/4 SEC 4 T 23 NR 43 W

(2a) Street Address of Well Stenz Rd Lot#7 / SOUTHERN LOT 7

(3) Proposed Use DOMESTIC

(4) Type of Work NEW WELL Owner's number of well (if more than one)
Drilling Method ROTARY(5) Dimensions Diameter of well 8 inches
Drilled 140 feet Depth of completed well 140

(6) Construction Details

Casing Installed Diameter From To
PVC 4 5 140
STEEL 6 2 18Perforations ☒ Screens ☐

Type of Perforator Used Skillsaw

Screen Type

K-Pac Location

Diam 4 Slot 1/4x6 From 120 To 140

Gravel/Filter packed ☐ Size of gravel/sand

Material placed from ft to

Surface seal used ☒ To what depth 18 ftDid any strata contain unusable water? ☐

Type of water Depth of strata

Method of sealing strata off

(7) Pump Pump Manufacturer

Pump Type HP

(8) Water Levels

Land-surface elevation above mean sea level ft

Static level Date

Artesian Pressure Date

Artesian water is controlled by

(9) Well Tests Drawdown is amount water level is lowered below static

Was a pump Test performed? ☐

Yield Drawdown Pumping Level Hours

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Level Time Level Time Level

Bailer Test gal per min drawdown after

Artest gal/min 10 gal per min

Artesian flow gpm ☐ Chemical test

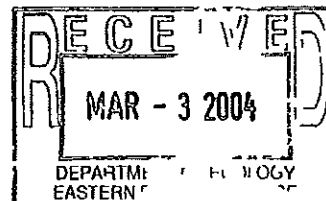
(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION

Formation Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered

☒ Construction☐ Decommission

From To Remarks Lithology, Water Quality, Temperature

0	1	TOP SOIL
1	3	BASALT BROKEN
3	60	BASALT BLACK MED OCCAS FRACTURES
60	80	BASALT BLACK MED
80	120	BASALT W/Frac W/WATER 5GPM
120	140	BASALT BLACK MED



Start Date 2/24/04 Completed 2/24/04

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

Type or Print Name Jim McLesslie License No 2257

Trainee Name License No

Drilling Company H2O Well Service, Inc.

(signed) Jim McLesslie License No 2257
(Licensed Driller/Engineer)

Address 582 W Hayden Ave, Hayden Lake, ID 83835

Contractor's H2OWES1101DW Date 02/25/04
Registration No