



7 DALLARA

# WATER WELL REPORT

State of Washington Date Printed: 15-Apr-2008 Log No. 0  
 Construction / Decommission: Original Construction Notice  
 Construction Construction Notice

CURRENT  
 Notice of Intent No. WEO7895  
 Unique Ecology Well I.D. No. BAB683  
 Water Right Permit Number:  
 OWNER: NICHOLAS, ROBERT

**PROPOSED USE: DOMESTIC**

**TYPE OF WORK:** Owners's Well Number: (If more than one well)  
**NEW WELL** Method: **ROTARY**

**DIMENSIONS** Diameter of well: 6 inches  
 Drilled 120 ft. Depth of completed well 120 ft.

**CONSTRUCTION DETAILS:** Casing installed **WELDED**  
 Liner installed: **PVC** 6 " Dia from +2 ft. to 18 ft.  
 4 " Dia from 10 ft. to 120 ft. " Dia from ft. to ft.

**Perforations:** Yes Used In: **LINER**  
 Type of perforator used **SKILL SAW**  
 SIZE of perforations 1/8 in. b 6 in.  
 90 Perforation from 60 ft. to 120 ft.  
 Perforation from ft. to ft.  
 Perforation from ft. to ft.

**Screens:** No K-Pac Location  
 Manufacture's Name  
 Type: Model No  
 Diam. slot size from ft. to ft.  
 Diam. slot size from ft. to ft.

**Gravel/Filter packed:** No Size of Gravel  
 Material placed fro ft. to ft.

**Surface seal:** Yes To what depth 18 ft.  
 Seal method: Material used in seal **BENTONITE**  
 Did any strata contain unusable water No  
 Type of water Depth of strata  
 Method of sealing strata off

**PUMP:** Manufacture's name  
 Type: H.P. 0

**WATER LEVELS** Land-surface elevation above mean sea level: 0 ft.  
 Static level 40 ft. below top of well Date 03/21/2008  
 Artesian Pressure lbs per square inch Date  
 Artesian water controlled by

**WELL TESTS:** Drawdown is amount water level is lowered below static level.  
 Was a pump test made No If yes, by whom  
 Yield [ ] gal/min with [ ] ft drawdown after [ ]  
 Yield [ ] gal/min with [ ] ft drawdown after [ ]  
 Yield [ ] gal/min with [ ] ft drawdown after [ ]  
 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 ft drawdown after hrs.  
 Air test 10 gal/min w/ stem set at 120 ft. for 1 hours  
 Artesian flow gpm Date  
 Temperature of water Was a chemical analysis made No

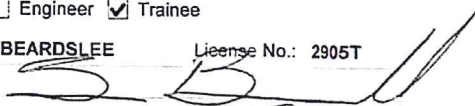
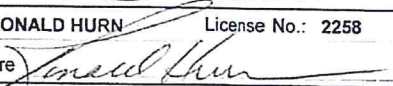
OWNER ADD P O BOX 750  
 KETTLE FALLS, WA 99141  
 Well Add 34135 HIGHWAY 20 EAST  
 City: Kettle Falls, WA 99141 County: FERRY  
 Location: NW 1/4 NE 1/4 Sec 15 T 36 R 37E EW  
 Lat/Long: Lat Deg Lat Min/Sec  
 (s, t, r still REQUIRED) Long Deg Long Min/Sec  
 Tax Parcel No.: 73615110003005

**CONSTRUCTION OR DECOMMISSION PROCEDURE**  
 Formation: Describe by color, character, size of material and structure. Show thickness of aquifers and the kind and nature of the material in each stratum penetrated. Show at least one entry for each change in formation.

Material	From	To
TOP SOIL	0	2
SANDY CLAY GRAVEL COBBLES	2	13
HARD GRANITE GNEISS	13	35
FRACTURED W/VOIDS	35	40
GNEISS	40	70
FRACTURED W/WATER	70	75
HARD GNEISS	75	120

Notes:  
 Work starte 03/19/2008 Complete 03/21/2008

**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 are true to my best knowledge and belief.  
 Driller  Engineer  Trainee

Name: **SAM BEARDSLEE** License No.: 2905T  
 Signature:   
 If trainee, Licensed driller is: **RONALD HURN** License No.: 2258  
 Licensed Driller Signature: 

**Drilling Company:**  
 NAME: **FOGLE PUMP & SUPPLY, INC.** Shop: COLVILLE  
 ADDRESS: 316 W. 5TH  
 Colville, WA 99114  
 Phone: 509-684-2569 Toll Free: 800-533-6518  
 E-Mail: [jeanne@foglepump.com](mailto:jeanne@foglepump.com)  
 FAX: 509-684-3032 WEB Site: [www.foglepump.com](http://www.foglepump.com)  
 Contractor's  
 Registration No.: **FOGLEPS095L4** Date Log Created: 03/26/2008

Well ID# BAB 683

Phone 703-2870

738 3390

# Fogle Pump & Supply, Inc.

## Customer Pump & System Record

OWNERS

Name ROBERT NICHOLAS / JON VANSOEST Date 5-7-08

Address P 34135 Hwy 20 K.F.

Well Billing Address P.O. BOX 750 KETTLE FALLS

Legal Description 1/4 1/4 SECT T R

Water Use, Domestic X Irrigation \_\_\_\_\_ Subdivision \_\_\_\_\_ Other \_\_\_\_\_

Well Depth 120 ID 6x4 1/2 in GPM 10 Static \_\_\_\_\_

Pump Brand GOULOS BALANCE FLOW SYSTEM New - Used

Pump Model # 106S10 GPM 10 PSI 50

Pump Serial # 00824605 Date Code 07

Motor Brand FRANKLIN New - Used

Motor HP 1 Volts 230 Phs 3

Motor Serial # \_\_\_\_\_ Date Code 07

Warranty # \_\_\_\_\_ 5 yr. X 1 yr. \_\_\_\_\_ None \_\_\_\_\_

Pump Protector Type INTERNAL Brand \_\_\_\_\_ Model \_\_\_\_\_

Tank Brand In well Panel BOARD LATER Model SKIPPY Warranty \_\_\_\_\_ yrs.

Pump Setting 100' pm Pipe Size 1" Pipe Type SCIT 120

Wire in well Size #12-4 Type SUB

Pitless Size 1" PA Brand DICKENS

Well House \_\_\_\_\_ Pit \_\_\_\_\_ Other, Explain \_\_\_\_\_

Distance to House 80' Elevation 80' Pipe Size & Type \_\_\_\_\_

Distance to Power Supply 80' Wire Size & Type #12 THHN

Location of Control BF-20 BF IN SHOP LATER NEXT TO PERISTAL

Installed By BOONE

Electrical By \_\_\_\_\_

### WARNING

AVOID SERIOUS OR FATAL SHOCK BY QUALIFIED PERSONNEL COMPLYING WITH ALL GROUNDING AND CODE REQUIREMENTS.

THIS LABEL IDENTIFIES THE FRANKLIN SUBMERSIBLE MOTOR USED IN THE WELL. PLEASE DISPLAY PROMINENTLY. A SUGGESTED LOCATION IS THE DISCONNECT BOX.

MODEL 2345139203 HP 1 KW 0.75 PH 3  
VOLTS 230 RPM 3450 HZ 60  
AMP 3.9 S.F. MAX. AMP 4.7  
SF 1.4 KVA CODE M CONT. DUTY  
CSA CERTIFIED



7-14-08 MOUNTED BF-20  
NEXT TO PERISTAL BY  
NEW HOUSE ? INSTALLED  
SKIPPY IN WELL TANK  
BS

Invoice # \_\_\_\_\_

**Anatek Labs, Inc.**

504 E Sprague Ave Ste D  
Spokane WA 99202  
(509) 838-3999 FAX 838-4433

1282 Alturas Drive  
Moscow ID 83843  
(208) 883-2839 FAX 882-9246

Turn Around Time  Email \_\_\_\_\_ Results Needed by: \_\_\_\_\_  
 Normal  Phone \_\_\_\_\_  
 Next Day\*  Mail \_\_\_\_\_  
 2-Day\*  Fax \_\_\_\_\_ FAX # \_\_\_\_\_

\*Rush Charges Apply

*IUU Boone*

Please fill out completely and legibly

Date Collected <b>5/7/08</b>	Time Collected <b>7:30</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	County <b>Franklin</b>
Sample Purpose <input type="checkbox"/> Purchase/Sale/Bldg Permit <input type="checkbox"/> Informative <input checked="" type="checkbox"/> New Well		
Sample Type <input checked="" type="checkbox"/> Standard Drinking Water <input type="checkbox"/> Raw Source Water <input type="checkbox"/> Other (Specify) _____		
Owner or Manager Name <b>Bob Nichols</b>		
Specific Location Where Sample Was Collected (i.e. address of well) <b>34135 Hwy 20 E</b>		
Send Report to: Name <b>Foble Print</b>		
Address <b>211 W 5th</b>		
City <b>Edwille</b>	St <b>WA</b>	Zip <b>99114</b>
Day Tel # <b>739-2820</b>	Eve/Msg Tel #	
Sample Collected by: <b>Print</b>	Company: <b>Foble</b>	
Source Type (Check One) <input checked="" type="checkbox"/> Well/WellSpring <input type="checkbox"/> Purchased or Intertie <input type="checkbox"/> Spring <input type="checkbox"/> Grd Water under Surface Influence <input type="checkbox"/> Surface Water <input type="checkbox"/> Combination or Other _____		

**Inorganic Chemical Analysis Report**

Tests	MCL	Results	Units	Compliance Y/N	Initials
<input checked="" type="checkbox"/> Arsenic (AS)	0.05	<b>&lt;0.001</b>	mg/L	<b>Y</b>	<b>BNB</b>
Barium (Ba)	2		mg/L		
Beryllium Be)	0.004		mg/L		
Cadmium (Cd)	0.0005		mg/L		
Chromium (Cr)	0.1		mg/L		
Copper (Cu)	1.3		mg/L		
<input checked="" type="checkbox"/> Lead (Pb)	0.015	<b>&lt;0.001</b>	mg/L	<b>Y</b>	<b>BNB</b>
Manganese (Mn)	0.05		mg/L		
Mercury (Hg)	0.002		mg/L		
Nickel (Ni)	0.1		mg/L		
Selenium (Se)	0.05		mg/L		
Silver (Ag)	0.05		mg/L		
Sodium (Na)	-		mg/L		
Zinc (Zn)	5		mg/L		
Chloride (Cl)	250		mg/L		
Flouride (F)	4		mg/L		
<input checked="" type="checkbox"/> Nitrate as N	10	<b>&lt;0.5</b>	mg/L	<b>Y</b>	<b>BNB</b>
Nitrite as N	0.5		mg/L		
Sulfate (SO <sub>4</sub> )	250		mg/L		
Hardness	-		mg/L as CaCO <sub>3</sub>		
Conductivity	700		µmhos/cm 25°C		
Corrosivity	-		-		
Turbidity	1		NTU		
Color	15		Color Units		
pH	-		-		
TDS	500		mg/L		
TSS	-		mg/L		
Cyanide (CN)	0.2		mg/L		
Iron (Fe)	0.3		mg/L		
Magnesium	-		mg/L		
Calcium	-		mg/L		

MCL-Max. Contaminant Level      TSS-Total Suspended Solids      TDS-Total Dissolved Solids

**COLIFORM BACTERIA (Lab Use Only)**

SATISFACTORY (COLIFORM ABSENT)

REPEAT  Unsatisfactory (Coliform Present)  
 SAMPLES  Total Present  Total Absent  
 REQUIRED  E.Coli Present  E.Coli Absent

Other Lab Results

Total Coliform	/100ml	E.Coli	/100ml
Fecal Coliform	/100ml	Plate Count	/100ml

Another Sample Required

Sample Not Tested Because:  Sample Too Old  Wrong Container  Other \_\_\_\_\_  
 Test Unsuitable Because:  TNTC  Turbid Culture  Excess Debris

Report Date <b>5/9/08</b>	Lab Analyst <b>BNB</b>	
Date Received <b>5-8-08</b>	Time <b>13:27</b>	By <b>BNB</b>

OTHER ANALYSES REQUESTED

<input type="checkbox"/> Inorganic Contaminants (IOC's)	
<input type="checkbox"/> Volatile Organics (VOC's)	
<input type="checkbox"/> Semivolatile Organics (SOC's)	
<input type="checkbox"/> Private Well Test	

Laboratory Comments

Lab Supervisor <b>Kathleen A. Patten</b>	Report Date <b>5-15-08</b>
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**080508012-003 SPOA 5/15/2008**  
 SAMP 5/7/2008 RCVD 5/8/2008  
 Just a Sample FOGC 69894 NICHOLS  
 ANATEK LABS

Karen

0N0002702

NORTHEAST TRI COUNTY HEALTH DISTRICT  
DIVISION OF ENVIRONMENTAL HEALTH

ON-SITE SEWAGE SYSTEM PERMIT # PT0008473

Robert & Arlene Nicholas is hereby authorized to utilize a sewage disposal system at  
(05/70)Tax #12 (PT S2 NE4 NE4): W2 NE4 NW4 NE4: W2 NW4 NE4: SE4 NW4 NE4: SW4 NE4: Tax#7 (PT SE4 NE4):  
E2 NW4: SW4 NW4: N2 NE4 SW4: Tax #9 (PT NW4 SE4)

Section: 15 Township: 36 Range: 37 Parcel #: 73615110003000

in accordance with the plans and specifications approved by the District Health Officer on file in this office

Prior to any major repairs, replacements or alterations to the system a permit shall be obtained from the NorthEast Tri  
County Health District (Division of Environmental Health).

This permit is issued and may be revoked by the NorthEast Tri County Health District Health Officer by authority of  
WAC 246-272, and Northeast Tri County Health District Regulations established by the Board of Health pursuant to  
RCW 70.05.

Additional permits from other jurisdictions or agencies may be necessary for this project It is the responsibility of the  
applicant to acquire said permit(s), and comply with all applicable rules, regulations and/or ordinances.



Date Issued: 06/18/2008

District Health Officer

PERMIT INSTRUCTIONS

STRUCTURE TYPE: Single-Family Residential

DFLF/BED DIMENSIONS: 150

NUMBER OF BEDROOMS: 3

TRENCH DEPTH (inches): 36

DESIGN FLOW (gal/day): 360

TENCH WIDTH (inches): 36

TYPE OF SYSTEM: New

APPURTANENCES: Distribution Box, monitor

SYSTEM DESIGN: Gravity w/ Gravelless Cha

PUMP CHAMBER (y/n):

SEPTIC TANK CAPACITY (gal): 1000

PUMP CHAMBER GALLONS:

REASON SYSTEM DESIGN: Type 1 Exemption

SPECIAL PERMIT INSTRUCTIONS: Private shop connection. 25% reduction from 200' for chambers

FINAL INSPECTION DATE: 07/07/2008

Initials: BH

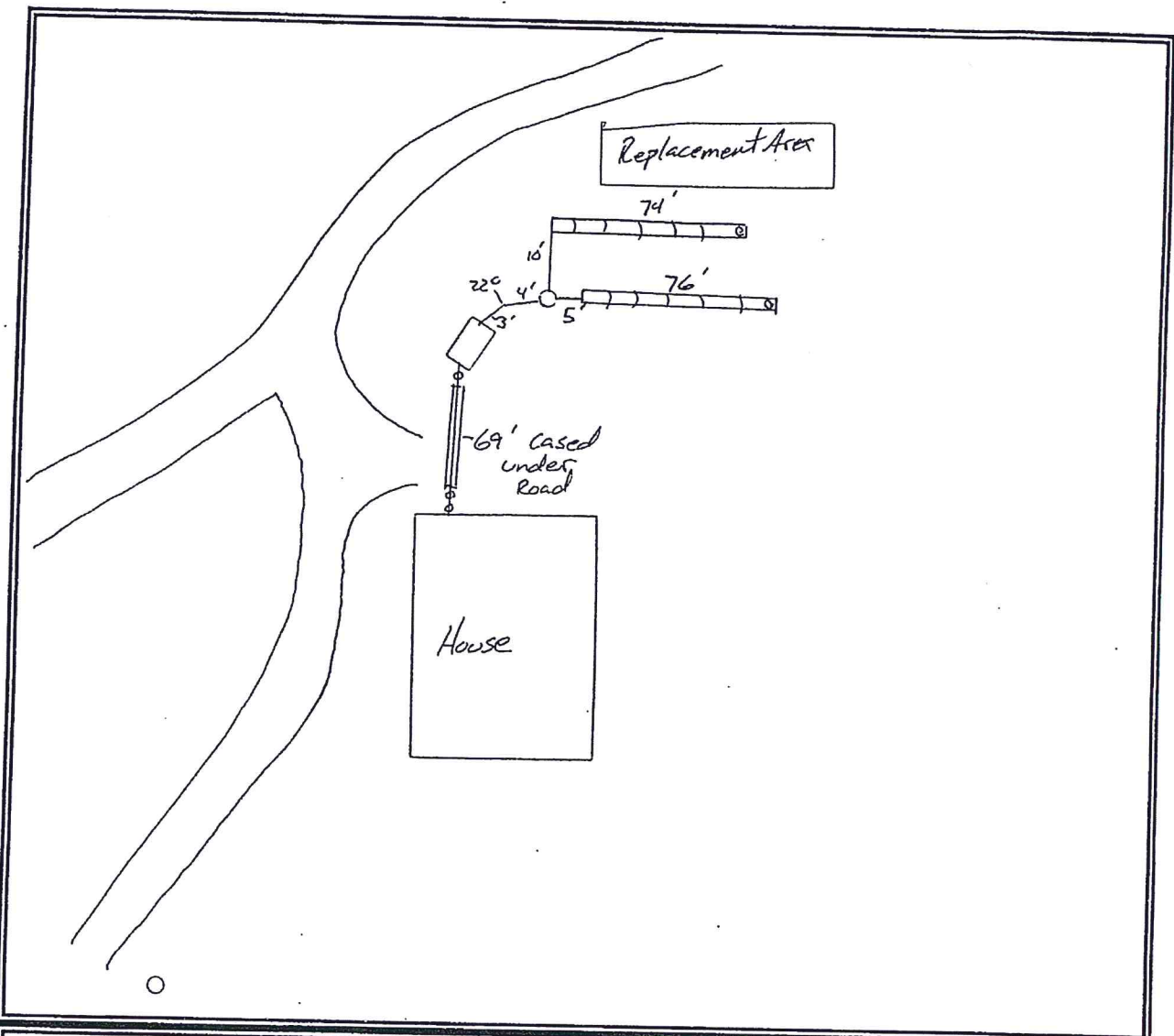
\*\* SEE REVERSE FOR AS BUILT DRAWING

Stevens County Office	P.O.Box 270	Colville,	WA	99114	(509) 684-2262
Pend Oreille County Office	P.O. Box 490	Newport,	WA	99156	(509) 447-3131
Ferry County Office	P.O. Box 584	Republic,	WA	99166	(509) 775-3111

0N0002702

# NORTHEAST TRI COUNTY HEALTH DISTRICT AS-BUILT DRAWING - PERMIT # PT-8473

INSPECTION DATE 7/7/08 INSPECTED BY BD APPROVED:  YES  NO



Installer Name Andy Matthews  
 Septic Tank Size 1000  
 Drainfield Length 150'  
 Drainfield Depth 36"

Pump Chamber Size \_\_\_\_\_  
 Doses/Day \_\_\_\_\_ Gallons/Dose \_\_\_\_\_  
 Squirt Height \_\_\_\_\_ Drawdown \_\_\_\_\_  
 Pump Run Time \_\_\_\_\_

(Revised 7/2003)

J:34 AM