WATER WELL REPORT

State of Washington Date Printed	1: 15-Feb-2007 Log No.
Construction / Decommission: Origin	al 54106
Construction Const	ruction Notice 254454
PROPOSED USE: DOMESTIC	
TYPE OF WORK: Owners's Well Numb	per (If more than one well) LOT 12
NEW WELL Method:	CABLE
DIMENSIONS Diameter of well: 6 Drilled 41 ft. Depth	inches of completed well 41 ft.
CONSTRUCTION DETAILS:	Casing installed WELDED
Liner installed:	6 " Dia from +2 ft. to 36 ft " Dia from ft. to ft
" Dia from ft. to ft.	" Dia from ft. to ft
Perforations: No Use Type of perforator used SIZE of perforations in. Perforation from	b in. ft. to ft.
Perforation from Perforation from	ft. to ft. ft. to ft.
Diam. 5 slot size .014 from Diam. slot size from Size Material placed fro from from from Surface seal: Yes To what depth	odel No STAINLESS orn 36 ft. to 41 ft. orn ft. to ft. of Gravel to ft. 1 18 ft. rial used in seal BENTONITE
PUMP: Manufacture's name	.P. 0
1,77-	tion above mean sea level; 0 ft,
Static level 8 ft. below top	of well Date 12/13/2006 are inch Date
Was a pump test made No If yes Yield gal/min with Yield gal/min with Yield gal/min with Yield gal/min with Recovery data (time taken as zero when pum top to water level Time: Water Level Time: Water	ter level is lowered below static level. s, by whom ft drawdown after ft drawdown after ft drawdown after or turned off)(water level measured from well Level Time: Water Level
Date of test:	

	CURRENT Notice of Intent No.: W2505 Unique Ecology Well I.D. No APQ85 Water Right Permit Number:								
	OWNER: LAKE, DEEP LLC								
	OWNER ADD BILL FANNING 107 St		D ST, SUI	TE 600					
	SPOKANE, WA 99201 Well Add LOT #12 WILDERNESS WEST								
	City: Colville, WA 99114 County: Stevens								
	Location: NW 1/4 SW 1/4 Sec 2		R 41E	EW					
	Lat/Long: Lat Deg	Lat Min/S	Sec						
	(s, t, r still Long Deg	Long Min							
6 ft.	Tax Parcel No.:								
ft.	CONSTRUCTION OF DECOMMIS	SION PROCEDII	DE .						
ft.	Formation. Describe by color, character, size of material and structure. Show thickness of aquifiers 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					
	BROWN SAND GRAVEL BOULDERS		0	8					
	BROWN CLAY SAND GRAVEL		8	12					
_	SATURATED HARD BROWN GRAVEL	12	17						
	BROWN SAND GRAVEL SATURATED	25	28						
	GRAY CLAYEY GRAVEL W/WOOD		28	33					
	SOFTER BROWN SATURATED SAND GRAVEL 33								
	Notes:	CEN MAR - 6 2	<u></u>						
- 1		<u> </u>	ci c c c	,					
_	DEPA	RTMENT OF I	ECOLOGY AL OFFIC	r E					
- 1	Work starte 12/11/2006	Complete 12	/14/2006						
ì,	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								
\neg	Name: JAMES F. NOONAN Lic	ense No.: 036	2						
- 1	Signature: Jams J. Jum								
	If trainee, Licensed drifter is	Licens	e No.:						
	Licensed Driller Signature								
9/(Drilling Company: NAME: FOGLE PUMP & SUPPLY, INC	Shop:	COLVILLE						
- 1	ADDRESS: 316 W. 5TH								

tide to my best knowledge all o belief								
☑ Driller ☐ Engineer ☐ Trainee								
Name: JAMES F. NOONAN License No.: 0362								
Signature: John J. hom	*							
If trainee, Licensed drifter is	License No.:							
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								

FAX: 509-684-3032 WEB Site: www.foglepump.com

brs.

hours

Contractor's Registration No.: FOGLEPS095L4 Date Log Created: 01/26/200

. 1

gal/min w/ stem set at

gpm Date

Bailer test 30

Temperature of water

Air test

Artesian flow

gal/min 5 ft drawdown after 2

ft. for

Was a chemical analysis made No

	Anatek L		1		Turn Around	iine		Email		Results Ne	eded by:	
504 E Sprague A		1282 Alturas Driv	3.8	- 8	Normal Normal	*5		Phone				
Spokane WA 99202 Moscow ID 83843 (509) 838-3999 FAX 838-4433 (208) 883-2839 FAX 882-5				Next Day*	*Rus Charg Appl	es	☐ Mail ☐ Fax	FAX #	•	,		
(509) 838-3999 F	AX 838-4433	(208) 883-2839 FA	A 002-9240	L	☐ 2-Day*	Аррг	у	Fax	FAX #			
					**							
Please fill out completely and legibly					Inorganic Chemical Analysis Report							
Date Collected	Time Collected	County		7	Tests	MCL	Re	esults	Units	Compliance	Initials	
2/02/09	2:-50	J	-	H	1 (4.0)	10.05	<u> </u>		1	Y/N	-	
	AM / Ply/	STEVEN		H	Arsenic (AS)	0.05			mg/L		94	
Sample Purpose				H	Barium (Ba) Beryllium Be)	0.004	-		mg/L i	-	+	
☐ Purchase/Sal	e/Bldg Permit		- 1	H	Gadmium (Cd)	0.0005	_		mg/L			
Informative				H	Chromium (Cr)	0.1	-		mg/L	 		
New Well				H	Copper (Cu)	1.3			mg/L	 		
Sample Type				1	Lead (Pb)	0.015		, _ /	mg/L	1	e u	
Standard Drin	king Water		- 1	H	Manganese (Mn	0.05			mg/L			
_	•			Г	Mercury (Hg)	0.002			mg/L			
Raw Source V	Vater	777 - 114	121	Г	Nickel (Ni)	0.1			mg/L			
Other (Specify	n	49-47		Г	Selenium (Se)	0.05			mg/L			
Owner or Manag	er Name			Г	Silver (Ag)	0.05			mg/L			
1 1 1 h h	FUNDOUS	N.A		Г	Sodium (Na)				mg/L			
Specific Location Wh	ere Sample Was Coll	ected (i.e. address of well)			Zinc (Zn)	5			mg/L			
					Chloride (CI)	250			mg/L			
1166	CK C	Landon		L	Flouride (F)	4			mg/L			
Send Report to:	1	رين المستراطية لممري	2/17	\vdash	Nitrate as N	10	A /		mg/L	415	TATH	
Name Project	to 10 in	_P=50px	-CA	-	Nitrite as N	0.5			mg/L			
	.4.	. J gan		\vdash	Sulfate (SO ₄)	250			mg/L			
Address	W 700			\vdash	Hardness	-			mg/L as CaCO ₃			
Sant in	11 .		71121		Conductivity Comosivity	700			μmhos/cm 25°C			
CityL LLUI	St U	2 Zip 97	777	\vdash		-			-			
Day Tel #	EVE/MIS	g Tel #		\vdash	Turbidity	1	_		NTU			
Sample Collected b	by: Compa	nv:		-	Color	15			Color Units			
	in the	1001/20		-	pH TDS	500	_		mg/L			
1-300	Source Type (C	Check One)		\mapsto	TSS 4	300			mg/L		-	
⊒-Weli/WellSpring		hased or Intertie	****	-	Cyanide (CN)	0.2			mg/L		-	
Spring	🔲 Grd	Water under Surface In	fluence	\rightarrow	îron (Fe)	0.3			mg/L		\dashv	
☐ Surface Water	☐ Com	bination or Other		\vdash	Magnesium	-			mg/L		=	
				H	Calcium	-			mg/L		\neg	
COLIFC	DRM BACTER	IA (Lab Use Only)		\forall							\neg	
SATISFACTORY	Mary 12 Carlot and Carlot Mar	and the state of t		MCL	L-Max. Contaminant L	evel	TSS-T	otal Suspended	Solids	TDS-Total Dissolve	ed Solids	
2	Unsatisfactory			_			THER AN	ALYSES REC	DUESTED			
E-ENI	☐ Total		sent	T	Inorganic Contan						n 4 3	
REQUIRED		bsent	-	Volatile Organics						090609072-004 92MP 6/8/2009 0951SamplD 76150		
	Other Lab F	Results			Semivolatile Orga		C's)				(am	
otal Coliform	/100ml	E.Coli /	100ml	\rightarrow	Private Well Test	<u> </u>					PID 3/8/2	
ecal Coliform	/100ml		100ml	\neg							200	
	☐ Another Samp			1							76152	
ample Not Tested E	Because:	Test Unsuitable Becar	use:	Lab	ooratory Com	ments				-		
Sample Too Old		☐ TNTC								_ [RCVD 2 / FOGC	
Wrong Container		☐ Turbid Culture								Ana	RCVD	
Other		☐ Excess Debris			77.00	c de	. /					
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

EASTERN DRINKING WATER REGIONAL OPERATIONS 16201 East Indiana Avenue, Suite 1500, Spokane Valley, Washington 99216-2830 TDD Relay 1-800-833-6388

October 26, 2010

Bill Fanning
Deep Lake Condo Assn.
41 West Riverside, Suite 110
Spokane, WA 99201

Subject:

Deep Lake Condo Assn.; PWS ID# AC606F; Stevens County

New Group B; DOH Project #10-1006; APPROVAL

Dear Mr. Fanning:

The group B packet for the above project received in this office June 21, 2010, has been reviewed and, in accordance with the provisions of WAC 246-290, is hereby APPROVED.

WAC 246-290-990 authorizes a schedule of fees to be implemented for review of planning, engineering, and construction documents. The Department of Health's (DOH) total cost to review this group B packet is \$562.00. The Office of Drinking Water has used state and federal funds to pay \$281.00 of this amount. An invoice showing the remaining amount due of \$281.00 is enclosed.

If you have any questions please feel free to contact me at (509) 329-2119.

Sincerely

Tom Lustus, PE Regional Engineer

Office of Drinking Water

Division of Environmental Health

Enclosures:

Invoice

cc:

NE Tri-County Health District

James A Sewell & Associates

George Simon, DOH WFI Administrator Valori Adams, DOH Compliance Coordinator Bryony Stasney, DOH Water Quality Administrator



STATE OF WASHINGTON DEPARTMENT OF HEALTH

EASTERN DRINKING WATER REGIONAL OPERATIONS

16201 East Indiana Avenue, Suite 1500, Spokane Valley, Washington 99216-2830 TDD Relay 1-800-833-6388

October 26, 2010

Bill Fanning Deep Lake Condo Association 41 West Riverside, Ste 110 Spokane, WA 99201

Subject:

Deep Lake Condo Association; PWS ID #AC606F; Stevens County

New Group B; DOH Project #10-1006

Dear Mr. Fanning:

We received the documents for the above-named project on June 21, 2010. We are now reviewing these documents.

To better track your project, we have assigned it a unique project number: #10-1006. Please use this number on all future correspondence about this project.

We are authorized by state regulations to charge a fee for reviewing water system plans, reports, and construction documents. I have enclosed a copy of our fee schedule.

We will send you an invoice for this fee after our initial review of your engineering documents. Payment is due at that time. The base fee includes our initial review, and review of one resubmittal if needed. If additional reviews are needed, we will send you a separate invoice.

Thank you for giving us the opportunity to serve you. We look forward to working with you to ensure your community has safe and reliable drinking water at the tap. Please call me at (509) 329-2119, if you have any questions.

Sincerely,

Tom Justus, PE // Regional Engineer

Office of Drinking Water

Division of Environmental Health

Enclosure

cc:

Northeast Tri-County Health District; Stevens

aculson

James A Sewell & Associates

Valori Adams, DOH Compliance Coordinator

Notice: Anyone who begins construction on a project without all required approvals may be subject to a penalty of up to \$5,000 per service connection, and may be required to expose system components for our inspection at their own expense. The Department of Health may be unable to accept any component that is installed or constructed prior to approval.



Tom Justice Washington State Department of Health 16201 E Indiana Ave, Suite 1500 Spokane Valley, WA 99215

RE: Waiver of Setback-Deep Lake Condo Association Water System

Dear Tom,

The purpose of this letter is to request a waiver of the 100' setback for the above water system. Fogle Pump installed the well in error to satisfy the setback. Enclosed you will find a site map reflecting the 2 issues affected by the error:

- 1) Lot 12 septic tank location would need a relaxation of 15' to meet the standards and lot line setbacks (yellow);
- 2) Lot 11 is not willing to grant a restrictive covenant, however the septic tank is already installed outside the 100' setback per the attached health district permit.

Please let me know if you need anything else with this request.

Thank you

BILL FANNING, President

Deep Lake Condominium Association 41 W. Riverside, Suite 110 Spokane, WA 99201 509.999.5444

cc: Fogle Pump - ATN: Greg.
cc: Eric Eldenberg-Sewell Engineers