



*Lincoln County Health Department*  
*Dr. Marshall Thompson, Health Officer*

90 Nicholls  
Davenport, WA 99122  
Personal Health (509) 725-1001  
Env. Health (509) 725-2501  
Fax (509) 725-1014

July 15, 2011

Cloyce Frazier  
P.O. Box 587  
Olalla, WA 98359

Dear Mr. Frazier,

A site survey was conducted on your lot (parcel #26-36-800-100130) on July 14, 2011. Two test holes were evaluated. The soil at this site consisted of 49-60 inches of loam soils overlying decomposed and broken/fractured basalt and would be conducive for a shallow conventional gravity fed on-site sewage system (**drainfield trenches cannot exceed 12 inches in depth**).

In order to get your permit issued, the following items are needed:

- An exact, to scale, system design must be submitted for review and approval. The design must show the exact location and design of the system, location of reserve drainfield area and all future outbuildings. It must also include location of water lines, property lines and a horizontal cross section of the drainfield trench indicating the depth of the system (**drainfield trenches cannot exceed 12 inches in depth**).
- Well log (homeowner must provide proof of water).
- Property address.
- \$150.00 Septic permit fee.

Once the above items have been received and approved, your septic permit can be issued. The site and soil conditions for this lot will require a 1000 gallon, two-compartment septic tank and (**based on a 3 bedroom home**) 600 square feet of drainfield (3-67 foot long trenches, three feet wide). This approval is specific to the area where the test holes were dug. A change in the location of the drainfield will require an approval from this department.

A final inspection must be completed on your system. Please contact this office after the system has been installed, prior to burying. We will schedule a final inspection at the earliest time possible. If you have any further questions please feel free to call me at 509-725-9213, ext. 23.

Sincerely,

Kim Johnson  
Registered Sanitarian

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON



# WATER WELL REPORT

State of Washington    Date Printed: 27-Sep-2012    Log No. 0  
 Construction / Decommission: Original    Construction Notice

**CURRENT**  
 Notice of Intent No.: WE14396  
 Unique Ecology Well I.D. No BHL978  
 Water Right Permit Number:  
 OWNER: WYG, LLC

OWNER ADD 6707 - 104TH AVE NE  
 KIRKLAND, WA 98033

Well Add TRACT D HAWK CK RANCHES  
 City: Davenport, WA 99122    County: Lincoln  
 Location: SW 1/4 NW 1/4 Sec 08 T 26 R 38 EW  
 Lat/Long:    Lat Deg    Lat Min/Sec  
 (s, t, r still)    Long Deg    Long Min/Sec  
 REQUIRED)  
 Tax Parcel No.: 2636800100140

**PROPOSED USE: DOMESTIC**

**TYPE OF WORK:** Owners's Well Number: (if more than one well) 1  
**NEW WELL**    Method: **ROTARY**

**DIMENSIONS:** Diameter of well: 6 inches  
 Drilled 305 ft.    Depth of completed well 305 ft.

**CONSTRUCTION DETAILS:**    Casing installed **WELDED**  
 Liner installed:  
 " Dia from    ft. to    ft.    " Dia from    ft. to    ft.    " Dia from    ft. to    ft.

**Perforations:** No    Used In:  
 Type of perforator used  
 SIZE of perforations    in. by    in.  
 Perforations from    ft. to    ft.  
 Perforations from    ft. to    ft.  
 Perforations from    ft. to    ft.

**Screens:** 0    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 47 ft.    below top of well Date 09/10/2012  
 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 1/2-1    gal/min w/ stem set at 305 ft. for 1 hours  
 Artesian flow    gpm    Date  
 Temperature of water    Was a chemical analysis made No

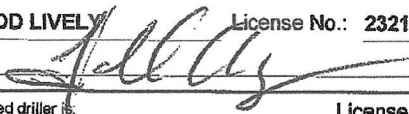
**CONSTRUCTION OR DECOMMISSION PROCEDURE**  
 Formation: Describe by color, character, size of material and structure. Show thickness of aquifers and the kind and nature of the material in each stratum penetrated. Show at least one entry for each change in formation.

Material	From	To
SILT	0	3
BASALT BROKEN W/SAND	3	34
SANDY DEC. GRANITE TAN	34	71
GRANITE BLACK WHITE MED	71	94
GRANITE BROWN SOFT	94	98
GRANITE BLACK WHITE HARD	98	228
GRANITE B&W FRAC SOFT W/WATER	228	235
GRANITE BLACK WHITE MED W/FRAC.	235	305

Notes:  
 .004, 5 1/2" HAMMER BIT & DRIVER SUB IN HOLE.

Work starte 09/05/2012    Complete 09/10/2012

**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: TODD LIVELY    License No.: 2321  
 Signature:   
 If trainee, Licensed driller 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](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: 9/27/2012

State of Washington Date Printed: 27-Sep-2012 Log No. 0  
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City: Davenport, WA 99122

County: Lincoln

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Lat/Long: (s, t, r still) Lat Deg Lat Min/Sec

REQUIRED) Long Deg Long Min/Se

Tax Parcel No.: 2636800100140

PROPOSED USE: DOMESTIC

TYPE OF WORK: Owners's Well Number: (If more than one well) 1  
NEW WELL Method: ROTARY

DIMENSIONS: Diameter of well: 6 inches  
Drilled 305 ft. Depth of completed well 305 ft.

CONSTRUCTION DETAILS: Casing installed WELDED  
Liner installed: 6 " Dia from +2 ft. to 85 ft.  
" Dia from ft. to ft. " Dia from ft. to ft.  
" Dia from ft. to ft. " Dia from ft. to ft.

Perforations: No Used In:  
Type of perforator used  
SIZE of perforations in. by in.  
Perforations from ft. to ft.  
Perforations from ft. to ft.  
Perforations from ft. to ft.

Screens: 0 K-Pac Location:  
Manufacturer'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

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Static level 47 ft. below top of well Date 09/10/2012  
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 1/2-1 gal/min w/ stem set at 305 ft. for 1 hours  
Artesian flow gpm Date  
Temperature of water Was a chemical analysis made No

CONSTRUCTION OR DECOMMISSION PROCEDURE

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Driller  Engineer  Trainee

Name: TODD LIVELY License No.: 2321

Signature: 

If trainee, Licensed driller 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

Contractor's  
Registration No.: FOGLEPS095L4 Date Log Created: 9/27/2012