Rcvd 9-24-2014

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SEP 24 2014

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Department of Ecology

Application for Permit to Use Artificially Stored Ground Water

(gray boxes for Ecology use only)

Application No.	WRIA	County	Priority Date	Accepted
1695A	41	Grant	9-24-14	-KR

Applicant's Name	Telephone Number
David E + Sharon K. Boggs	398-5444

Address (Street)	(City)	(State)	(Zip Code)
PO Box 911	Ephrata	WA	98823

331-7138

Date and Place of incorporation (if applicant is a corporation)
N/A

Point of Withdrawal

Source (well, tunnel, infiltration trench, etc.)
well

Times during year water will be required	Maximum gallons per minute	Maximum acre-feet per year
Seasonal	90. IR 15. DS 105	31.5 AF 1 32.5

Approximate location of withdrawal
BHP749
N 47.10329° W 119.52532°

Located within (smallest legal subdivision)	Section	Township N.	Range (E. or W.) W.M.	County
W2E2 NE NW	35	19	26	Grant

Do you own the land on which this source is located? If not, insert name and address of owner.

Place of Use
Recorded Platted Property

Lot	Block	Of (Give name of plat or addition)

If irrigation, number of acres	If domestic, number of homes or units and type (residential, recreation, etc.)
9 AC	1 home

Legal Description of Property (on which water is to be used)

Copy legal description from deed **or attach copy of deed.** Tax statement descriptions are not acceptable.
Also outline this property on the maps or plats submitted with this application.

Parcel 160560000
W2E2 NE4NW4 35-19-26

(Continue on Reverse Side)

Are there any existing water rights appurtenant to the land on which the water is to be used?	Yes X	No

If yes, from what source and under what authority?

OB3-1462

Type of System Proposed

Remarks

Backfill of current water authorization OB3-1462. Expand Irrigation to back pasture of 5 Acres and 1 home

Signatures

Shawn Kay Boggs
Applicant's Signature

Same
Legal Landowner's Signature

Same
Legal Landowner's Address

For Ecology Use Only

State of Washington
Department of Ecology } ss.

This is to certify that I have examined the foregoing application together with the accompanying maps and data, and return the same for correction or completion as follows: .....

.....

.....

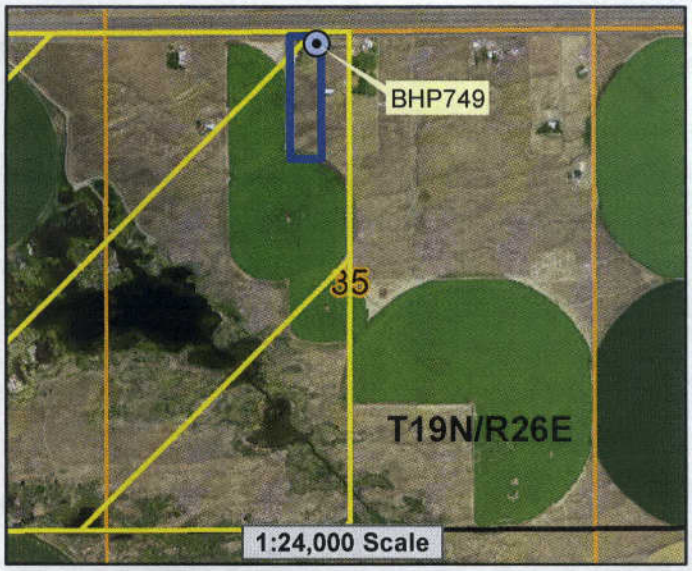
In order to retain its priority, this application must be returned to the Department of Ecology with corrections, on or before ....., 20 .....

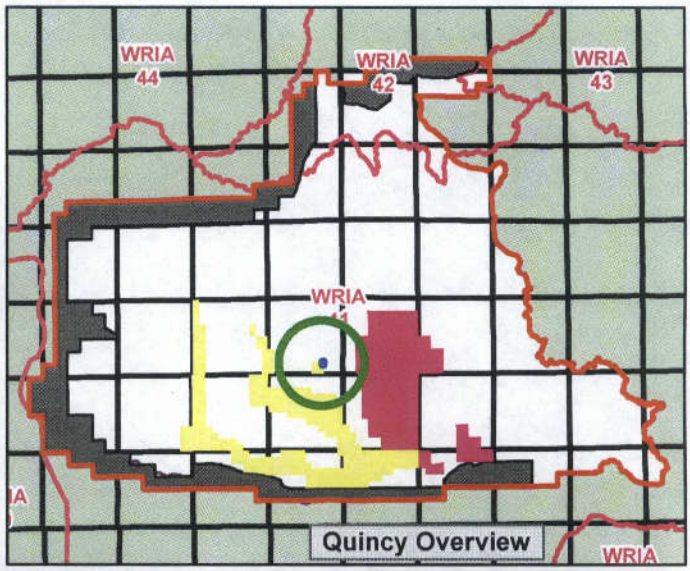
Witnessed my hand this ..... *day of* ....., 20 .....

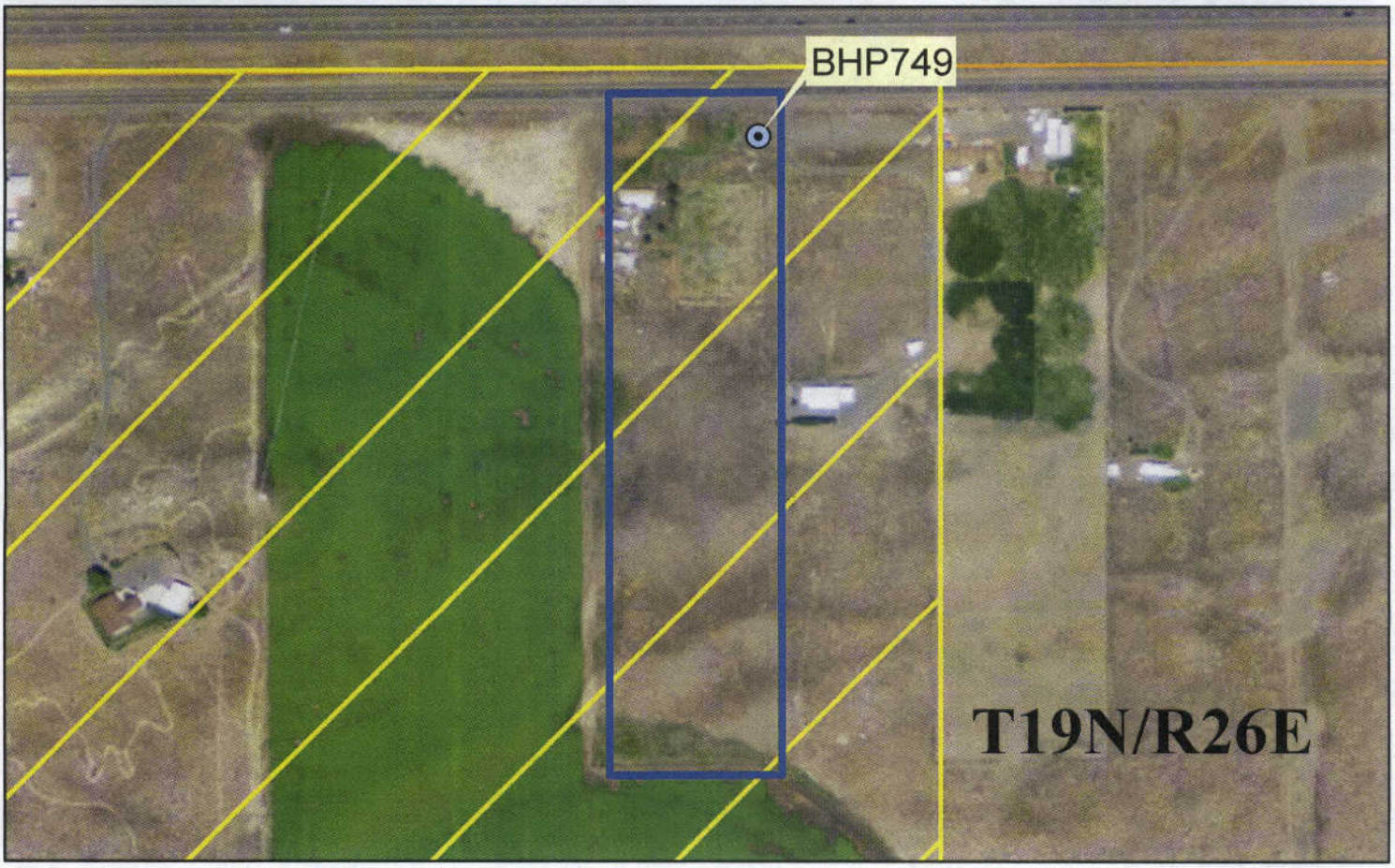
.....
Department of Ecology

Ecology is an Equal Opportunity employer.

Application







0 550 1,100 1,650 2,200 Feet

David & Sharon Boggs / QB-1695A
T19NR26E, GRANT COUNTY WA, WRIA 41

Point of Withdrawal
Place of Use
Township
Section
Quincy Buffer Zone
Quincy Grey Area
Potholes Reservoir & Storage Area
Quincy Basin Groundwater Management Subarea

Map Comment:

Map based on Quincy Basin Application

2013 Aerial Photo

DEPARTMENT OF ECOLOGY State of Washington

DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well ID Tag Number: BHP749

COPY

Use this form ONLY if an Water Well Report IS FOUND. Attach the original well report to this form.

If a water well report is **NOT** available, please complete a "Water Well Report for an Existing Well" form, available at Ecology's headquarters office by calling 360-407-6650.

Well Ownership, If Different From Well Report

First name	Last name	
David E + Sharon K.	Boggs	
Street Address: Po Box 911		
City: Ephrata	State: WA	Zip Code: 98823-0911

Location of Well, If Different From Well Report

*Section, Township and Range are REQUIRED *

Well Address: 1621 S Frontage RD				
City: Moses Lake		County: Grant		
¼ - ¼: NE	¼: NW	Section: 35	Township N.: 19	Range: 26 ☒ EWM or (check one) ☐ WWM
Latitude: 47.	Degrees: 10329°		Minutes	Seconds
Longitude: -119.	Degrees: 52532°		Minutes	Seconds
Elevation at land surface ____ ☐ feet ☐ meters (check one)				
Tax Parcel Number: 160560000				

Well Characteristics

Location of Well Identification Tag: nailed to ~~elect~~ interior wall near electrical panel

D	C X	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

Section 35

Comments

Tagged existing well associated w/ OB-1462 + OB-1495A

9-23-2014 K Ruf

The Dep. The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT
STATE OF WASHINGTON

Application No
Permit No

Y903

(1) OWNER: Name Wilmar R. Ollom Address 1511 Mary St. Moses Lake, Wn. 98837

(2) LOCATION OF WELL: County Grant — NE ¼ NW ¼ Sec. 35 T. 19 N., R. 26E W.M.

Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐ Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one)
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well ..... inches.
Drilled ..... ft. Depth of completed well ..... ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 8 " Diam. from -1 ft. to 129 ft.
Threaded ☐ ..... " Diam. from ..... ft. to ..... ft.
Welded ☒ ..... " Diam. from ..... ft. to ..... ft.

Perforations: Yes ☐ No ☒
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: Yes ☐ No ☒
Manufacturer's Name .....
Type ..... Model No. .....
Diam. ..... Slot size ..... from ..... ft. to ..... ft.
Diam. ..... Slot size ..... from ..... ft. to ..... ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: .....
Gravel placed from ..... ft. to ..... ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.
Material used in seal Bentonite
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? ..... Depth of strata .....
Method of sealing strata off .....

(7) PUMP: Manufacturer's Name .....
Type: ..... H.P. .....

(8) WATER LEVELS: Land-surface elevation above mean sea level 1220 ft.
Static level 78 ft. below top of well Date 1/24/78
Artesian pressure ..... lbs. per square inch Date .....
Artesian water is controlled by ..... (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? .....
Yield: ..... gal./min. with ..... ft. drawdown after ..... hrs.
" " " "
" " " "

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 30 gal./min. with 0 ft. drawdown after ½ hrs.
Artesian flow ..... g.p.m. Date .....
Temperature of water ..... Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

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

MATERIAL	FROM	TO
Black Sand	0'	104'
Sand + Clay	104'	107'
Clay	107'	112'
Sand + Clay	112'	116'
Sandstone	116'	138'
Winchester SE	7½	

RECEIVED
APR 17 1978
DEPARTMENT OF ECOLOGY
SPOKANE REGIONAL OFFICE

Work started 1/13, 1978. Completed 1/24, 1978

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Close Well Drilling (Person, firm, or corporation) (Type or print)

Address P.O. Box 125 Quincy, Wn. 98848

[Signed] Terry L. Close (Well Driller)

License No. 701 Date 1/24, 1978

4/17/78

(USE ADDITIONAL SHEETS IF NECESSARY)

COPY

ECY 050-1-20