



# Application for a State Waste Discharge Permit to Discharge Domestic Wastewater to Ground Water by Land Treatment or Application

This application is for a state waste discharge permit as required by Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, the flow characteristics of the discharge, and site characteristics at the point of discharge.

Ecology may request additional information to clarify the conditions of this discharge. The applicant should reference information previously submitted to Ecology that applies to this application in the appropriate section.

## SECTION A. GENERAL INFORMATION

1. Applicant Name: Loon Lake Sewer District No. 4
2. Facility Name: Wastewater Treatment Plant  
(if different from applicant)
3. Applicant Address: P.O. Box 98  
Street  
Loon Lake WA 99148  
City/State Zip
4. Facility Location Address: 3963 Christensen Road  
(if different from above) Street  
Loon Lake WA 99148  
City/State Zip
5. Latitude/longitude of the processing facility as decimal degrees (NAD83/WGS84):  
48.072 / 117.626
6. Latitude/longitude of sprayfield/infiltration site discharge location (approximate center) as decimal degrees (NAD83/WGS84):  
40.061 / 117.625
7. Person to contact who is familiar with the information contained in this application:  
  
Brooke Lyons District Manager  
Name Title  
  
509 233 8132 509 233 3029 llsd4bl@gmail.com  
Telephone Number Fax Number Email

**FOR ECOLOGY USE ONLY**

**Check One**

New/Renewal ☐

Modification ☐

Date Application Received \_\_\_\_\_

Application/Permit No. \_\_\_\_\_

Date Application Accepted \_\_\_\_\_

Date Fee Paid \_\_\_\_\_

8. Check One:

☒ **Permit Renewal** (including renewal of temporary permits)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility? ☐ YES ☒ NO

For permit renewals, the current permit is an attachment, by reference, to this application.

☐ **Permit Modification**

☐ **Existing Unpermitted Discharge**

☐ **Proposed Discharge**

Anticipated date of discharge:

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.*

  
Signature\*

5-24-2016  
Date

Chair of Board of Commissioners  
Title

Holly Shamberger  
Printed Name

\*Applications must be signed by either a principal executive officer or a ranking elected official. If these titles do not apply to your organization, the person who makes budget decisions for this facility must sign the application. For state facilities, this is typically a program manager.

The application signatory may delegate signature authority for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to delegate signature authority, please complete the following:

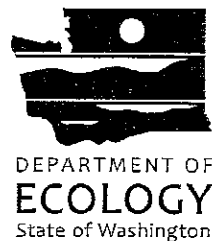
  
Signature of delegated employee

5/26/2016  
Date

District Manager  
Title or function at the facility

Brooke Lyons  
Printed name

# Discharge Monitoring Report (DMR) Signature Authorization Form



Facility Name: Loon Lake Sewer Dist #4 NPDES/State Permit No.: ST-8019

## Responsible Official:

(A principal executive officer or ranking elected official can designate an individual or position for signing DMRs. A new form is required if the Responsible Official changes)

Name: <u>Holly Shamberger</u>	Title: <u>Chair of the Board</u>
Signature: <u>Holly Shamberger</u>	Date: <u>5/26/2016</u>

## Individual/s Receiving Signature Authorization:

Name:	Mailing Address:	
Title:	City:	State:
Email:	Zip:	Phone: ( )

Name:	Mailing Address:	
Title:	City:	State:
Email:	Zip:	Phone: ( )

If designating a position, use the section below:

Position: <u>Class I Operator</u>	Mailing Address: <u>P.O. Box 98</u>	
	City: <u>Loon Lake</u>	State: <u>WA</u>
Email: <u>LLSD4BL@GMAIL.COM</u>	Zip: <u>99148</u>	Phone: <u>(509) 233-8132</u>

Return to: WQ PERMIT COORDINATOR  
DEPARTMENT OF ECOLOGY  
4601 N MONROE STREET  
SPOKANE WA 99205

*Ecology is an equal opportunity employer. To receive this document in alternative format, contact the Water Quality Program at (360) 407-7529 (voice) or 1-800-833-6388 (TTY).*

## SECTION B. TREATMENT PLANT INFORMATION

1. Identify all industries, commercial facilities or communities discharging to this publicly owned treatment works (POTW) by name, type of industry, address, telephone number and contact name. Attach extra sheet(s) if needed and label as attachment B1.

	INDUSTRY #1	INDUSTRY #2
NAME:	Deer Lake Sewer System (Stevens County PUD No. 1)	N/A
INDUSTRY:	Domestic Sewer System	
ADDRESS:	3955 Third Avenue, Loon Lake, WA 99148	
TELEPHONE:	509-233-2534	
CONTACT NAME:	Darrel Hawes	
INDUSTRIAL PRODUCT(S):	N/A	

2. POTW design and operation manuals available for this treatment facility:

Type of Manual	Date	Is there a copy at the POTW?
<input checked="" type="checkbox"/> Engineering Report	8/1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Operation and Maintenance Manual	12/2009	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Crop Management Plan	6/2014	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Sprayfield Management Plan	6/2014	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

3. POTW Design Data:

a. Average Influent Flow for Maximum Month (MGD):	0.254
b. Influent BOD Load (lbs/day):	600
c. Influent SS Load (lbs/day):	200
d. Began Operation (year):	1986
e. Last Major Upgrade (year):	1998
f. Planned Upgrades (year):	2050
g. Design Population:	2300
h. Actual Population:	1,578
i. Sprayfield loading - attach copy of the irrigation schedule if schedule if available	13,000 PPD TN

4. Are there plans to modify this facility within the next five years? If so, briefly describe what and when.

*No.*

5. Attach a simple schematic drawing of the POTW. (Label as attachment B.5. Attachments should be 11 x 17" or smaller). The schematic should show all treatment processes (from B.6 below), flow direction and flow quantities in million gallons per day (MGD) or gallons per day (GPD).
6. Identify the type and number of unit processes at this facility.

Treatment	Unit Process	Number of Units
Lift stations	In collection system	789
	At head of plant	1 + 1 standby
Preliminary treatment	Manually operated bar screens	
	Mechanically operated bar screens	
	Grit removal	
	Pre-aeration	
	Comminutors/grinders	
	Other (specify)	
Primary Treatment	Primary Sedimentation Tank/Clarifiers	
	Septic tanks	786
	Other (specify)	
Secondary Treatment	Oxidation Ditch	
	Package Plant - Activated Sludge	
	Package Plant - Physical/Chemical	
	Aerated Lagoon	1
	Non-aerated Lagoon/Facultative Lagoon	
	Rotating Biological Contact	
	Secondary Clarifiers	
	Trickling Filter	
	Polishing Ponds	
	Other (specify)	
Additional Treatment	Coagulation	
	Filtration	
	Storage (Lined Lagoon)	3
	Storage (Unlined Lagoon)	
	Other (specify)	
Land Treatment or Application	Drainfield	
	Rapid Infiltration/Infiltration Lagoon	
	Constructed Wetland	
	Sprinkler Irrigation	1
	Flood Irrigation	
	Ridge and Furrow Irrigation	
	Subsurface Irrigation	
	Other (specify)	
Disinfection	Chlorination	
	Ultraviolet	
	Other	

## SECTION C. WASTEWATER INFORMATION

1. The average influent flow to the plant for the maximum month for at least the last 12 months: *142,451 gallons/day*
  
2. The maximum daily flow applied to the land treatment/application site for the last 12 months: *607,092 gallons/day 0.34 inches/day, 4.4 inches/month at max. month*
  
3. Describe how the influent and effluent flow are measured? *Magnetic Flow Meters*
  
4. Attach flow records for at least the last 12 months. *(Label as attachment C.4.)*
  
5. Describe the collection method for the samples analyzed below (*i.e.*, grab, 24-hour composite). Applicants must collect grab samples (not composites) for analysis of pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and Enterococci (previously known as fecal streptococcus at § 122.26 (d)(2)(iii)(A)(3)), or volatile organics.

*Samples are collected per table in Section S2.A of the State Waste Discharge Permit. Influent samples are collected with a 24-hour composite sampler and effluent samples are collected as grab samples.*

6. Provide measurement values or range of measurements for treated wastewater prior to land treatment/application for the parameters with an “X” in the left column of the table below. If you obtain the application from the Internet, contact Ecology’s regional office to see if testing for a subset of these parameters is permissible. All analyses (except pH) must be conducted by a laboratory registered or accredited by Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for parameters that are routinely measured. For parameters measured only for this application, place the values under “Maximum.” Report the values with units as specified in the parameter name or in the detection level.

The Permittee must use the specified analytical methods, detection limits (DLs) and quantitation levels (QLs) in the following table unless Ecology approves an alternate method or the method used produces measurable results in the sample and EPA has listed it as an EPA approved method in 40 CFR Part 136. If the Permittee uses an alternative method as allowed above, it must report the test method, DL, and QL on the discharge monitoring report or in the required report.

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	BOD (5 day)	1.0	15.0	8.7	6	SM 5210 B	/2 mg/l
	COD					SM 5220 D	/10 mg/l
	Total suspended solids	4.0	70.0	32.0	6	SM 2540 D	/5 mg/l
	Total dissolved solids	310	360	335	3	SM 2540 C	
	Conductivity (micromhos/cm)	440	450	445	2	SM 2510 B	
	Ammonia-N as N	0.26	7.60	4.05	3	SM 4500-NH <sub>3</sub> C	/0.3 mg/L
	pH	7.6	9.9	8.8	6	SM 4500-H	0.1 standard units
	Total Residual Chlorine					SM4500-Cl G	50/ µg/L L
	Fecal coliform (organisms/100 mL)	2	105	28	13	SM 9221 E or 9222 D	
	Total coliform (organisms/100 mL)					SM 9221 B or 9222 B	
	Dissolved oxygen					SM 4500-O C/G	
	Nitrate + nitrite-N as N	0.36	0.52	0.47	3	SM 4500-NO <sub>3</sub> E	100 µg/L
	Total kjeldahl N as N	4.48	10.60	6.64	6	SM 4500-N <sub>org</sub> C/E/FG	300 µg/l
	Ortho-phosphate-P as P	0.90	2.40	1.55	4	SM 4500-P E/F	10 µg/l
	Total-phosphorous-P as P	1.00	3.30	2.13	4	SM 4500-P E/P/F	10 µg/l
	Total Oil & grease					EPA 1664A	1.4/5 mg/l
	NWTPH - Dx					Ecology NWTPH Dx	250/250 µg/l
	NWTPH - Gx					Ecology NWTPH Gx	250/250 µg/l
	Calcium	22.0	29.0	24.8	4	EPA 200.7	10 µg/l
	Chloride	41.7	80.0	52.6	4	SM 4500-Cl C	0.15 µg/l
	Fluoride					SM 4500-F E	.025/0.1 mg/l
	Magnesium					EPA 200.7	10/50 µg/l
	Potassium					EPA 200.7	700/ µg/l
	Sodium					EPA 200.7	29/ µg/l
	Sulfate					SM 4500-SO <sub>4</sub> C/D	/200 µg/l
	Alkalinity mg/L as CaCO <sub>3</sub>					SM 2320 B	/5 mg/L as CaCO <sub>3</sub>

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	Arsenic(total)					EPA 200.8	0.1/0.5 µg/l
	Barium (total)					EPA 200.8	0.5/2 µg/l
	Cadmium (total)					EPA 200.8	.05/.25 µg/l
	Chromium (total)					EPA 200.8	0.2/1 µg/l
	Copper (total)					EPA 200.8	0.4/2 µg/l
	Iron (total)					EPA 200.7	12.5/50 µg/l
	Lead (total)					EPA 200.8	0.1/0.5 µg/l
	Manganese (total)					EPA 200.8	0.1/0.5 µg/l
	Mercury (total) pg/L					EPA 1631E	0.2/.5 pg/l
	Molybdenum (total)					EPA 200.8	0.1/0.5 µg/l
	Nickel (total)					EPA 200.8	0.1/0.5 µg/l
	Selenium (total)					EPA 200.8	1/1 µg/l
	Silver (total)					EPA 200.8	.04/.2 µg/l
	Zinc (total)					EPA 200.8	0.5/2.5 µg/l

Detection level (DL) or detection limit means the minimum concentration of an analyte (substance) that can be measured and reported with a 99% confidence that the analyte concentration is greater than zero as determined by the procedure given in 40 CFR part 136, Appendix B.

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a recognizable signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the lab has used all method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result to the number nearest to  $(1, 2, \text{ or } 5) \times 10^n$ , where n is an integer. (64 FR 30417).

ALSO GIVEN AS:

The smallest detectable concentration of analyte greater than the Detection Limit (DL) where the accuracy (precision & bias) achieves the objectives of the intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).



7. Has the effluent been analyzed for any other parameters than those identified in question C.6, or are there other pollutants that you know of or believe to be present?  
☐ YES ☒ NO

If yes, specify the pollutants and their concentration if known (*attach laboratory analyses if available and label as Attachment C.6*). (*Note: Ecology may require additional testing.*)

## SECTION D. GROUNDWATER INFORMATION

Provide available data measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in E.3 below. Attach well logs when available (*label as Attachment D*). Copy this page as necessary for each well (*label as Attachment D*). Provide the latitude and longitude in decimal format.

Ecology Well Tag ID # AHJ399  
(*example AAB123*)

Well ID # MW-1 (*example MW-1*)

Latitude: 48.075

Longitude: 117.625

Well Elevation (to the nearest 0.01 feet) 2439.84 Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☒

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Dissolved Fixed Solids	mg/L				
Total dissolved solids	mg/L	470-480	4	SM2540C	20
pH	Standard units	6.54-7.51	4	SM4500-H+B	N/A
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N as N	mg/L	<0.02	2	SM4500-NH <sub>3</sub>	0.02
Nitrate + nitrite-N, as N	mg/L	0.5-0.32	4	SM4500-NO <sub>3</sub>	0.10
Total kjeldahl N as N	mg/L	0.56	2	SM4500-Norg	0.30
Ortho-phosphate-P as P	mg/L				
Total-phosphorus-P as P	mg/L				
Total Oil & Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	2.48	1	SM4500-Cl <sup>-</sup>	0.50
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	7.50	1	SM3500-Na <sup>+</sup>	0.005
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		88.47-90.82	12	N/A	N/A

Ecology Well Tag ID # AHJ398Well ID # MW-2 (example MW-1)

(example AAB123)

Latitude: 48.071Longitude: 117.625Well Elevation (to the nearest 0.01 feet) 2434.61 Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☒

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Dissolved Fixed Solids	mg/L				
Total dissolved solids	mg/L	120-130	4	SM2540C	20
pH	Standard units	5.97-6.71	4	SM4500-H+B	N/A
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N as N	mg/L	<0.02	2	SM4500-NH3	0.02
Nitrate + nitrite-N, as N	mg/L	0.2-0.82	4	SM4500-NO3	0.10
Total kjeldahl N as N	mg/L	0.56	2	SM4500-Norg	0.30
Ortho-phosphate-P as P	mg/L				
Total-phosphorus-P as P	mg/L				
Total Oil & Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	<0.5	1	SM4500-Cl <sup>-</sup>	0.50
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	4.7	1	SM3500-Na	0.005
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		81.92-84.00	12	N/A	N/A

Ecology Well Tag ID # AHJ397Well ID # MW-3 (example MW-1)

(example AAB123)

Latitude: 48.075Longitude: 117.621Well Elevation (to the nearest 0.01 feet) 2437.24 Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☒

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Dissolved Fixed Solids	mg/L				
Total dissolved solids	mg/L	540-590	4	SM2540C	20
pH	Standard units	6.14-7.25	4	SM4500-H+B	N/A
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N as N	mg/L	<0.02	2	SM4500-NH3	0.02
Nitrate + nitrite-N, as N	mg/L	0.3-10.5	4	SM4500-NO3	0.10
Total kjeldahl N as N	mg/L	0.56-0.84	2	SM4500-Norg	0.30
Ortho-phosphate-P as P	mg/L				
Total-phosphorus-P as P	mg/L				
Total Oil & Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	24.82	1	SM4500-Cl <sup>-</sup>	0.50
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	18.0	1	SM3500-Na	0.005
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		85.27-87.29	12	N/A	N/A

Ecology Well Tag ID # AHJ396Well ID # MW-4 (example MW-1)

(example AAB123)

Latitude: 48.071Longitude: 117.625Well Elevation (to the nearest 0.01 feet) 2435.84 Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☒

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Dissolved Fixed Solids	mg/L				
Total dissolved solids	mg/L	110-120	4	SM2540C	20
pH	Standard units	5.32-7.49	4	SM4500-H+B	N/A
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N as N	mg/L	<0.02	2	SM4500-NH3	0.02
Nitrate + nitrite-N, as N	mg/L	0.40-0.51	4	SM4500-NO3	0.10
Total kjeldahl N as N	mg/L	0.56-0.84	2	SM4500-Norg	0.30
Ortho-phosphate-P as P	mg/L				
Total-phosphorus-P as P	mg/L				
Total Oil & Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	<0.5	1	SM4500-Cl <sup>-</sup>	0.50
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	5.6	1	SM3500-Na	0.005
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		83.28-85.32	12	N/A	N/A

Ecology Well Tag ID # AHJ395Well ID # MW-5 (example MW-1)

(example AAB123)

Latitude: 48.075Longitude: 117.625Well Elevation (to the nearest 0.01 feet) 2450.32 Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☒

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Dissolved Fixed Solids	mg/L				
Total dissolved solids	mg/L	260	4	SM2540C	20
pH	Standard units	6.10-7.67	4	SM4500-H+B	N/A
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N as N	mg/L	<0.02	2	SM4500-NH3	0.02
Nitrate + nitrite-N, as N	mg/L	0.58-0.69	4	SM4500-NO3	0.10
Total kjeldahl N as N	mg/L	0.56-1.68	2	SM4500-Norg	0.30
Ortho-phosphate-P as P	mg/L				
Total-phosphorus-P as P	mg/L				
Total Oil & Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	<0.5	1	SM4500-Cl <sup>-</sup>	0.50
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input checked="" type="checkbox"/> mg/L <input type="checkbox"/> µg/l	4.0	1	SM3500-Na	0.005
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		99.2-101.45	12	N/A	N/A

## SECTION E. SITE ASSESSMENT

**Note: The Department of Ecology Water Resources Section can be consulted for identifying wells within one mile of your site. The local library and local city or county planning offices may be helpful in providing the information required in this section.**

1. Give the legal description of the land treatment/application site(s) by section/township/range and latitude/longitude (approximate center of the site; NAD83/WGS84 reference datum). Indicate the owner for each site. Give the acreage of each land treatment/application site(s). Attach a copy of the contract(s) authorizing use of(s) used land for treatment/application. *(Label as attachment E.1)*

*70 acres located approximately one half mile North of Loon Lake junction on Highway 395 in the west ½ of Section 27, Township 20 north, Range 41 East Willamette Meridian.*

2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, engineering reports, hydrogeologic reports, biosolids permits, or air emissions permits. *N/A*

3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map or aerial photograph that shows the POTW and the land treatment/application site(s).

**USGS topographical maps are available from the Department of Natural Resources (360-902-1234), Metsker Maps (206-588-5222), and some local bookstores and internet sites.** Show the following on this map: *(Label as attachment E.3.)*

- a. Location and name of internal and adjacent streets.
- b. Surface water drainage systems within ¼ mile of the site.
- c. All wells within 1 mile of the site.
- d. Wastewater discharge points.
- e. Land uses and zoning adjacent to the wastewater application site.
- f. Ground water gradient.

4. Describe the soils on the site using information from local soil survey reports. **Soils information is available from your county conservation district or from information contained in the sites hydrogeologic report..**

*(Label as attachment E.4.)*

5. Describe the local geology and hydrogeology within one mile of the site. Include any ground water quality data. **The local library, the sites hydrogeologic report, or soil conservation service may have this information.**

*(Label as attachment E.5.)*

6. List the names and addresses of contractors or consultants who provided information, and cite sources of information by title and author.

*Allison Esvelt, P.E., Esvelt Environmental Engineering, LLC*

*United States Geological Services, National Map, Geographical Coordinate System (WGS84), March 2010.*

*Washington State Department of Health, Office of Drinking Water, Source Water Assessment Program (SWAP) Maps, December 2009.*

*Stevens County Comprehensive Plan, Future Land Use Maps, December 2009.*

*National Resources Conservation Service, National Cooperative Soil Survey, Soil Map – Stevens County, Washington, March 2010.*

*Washington State Department of Ecology, GIS Technical Services, Colville Water Resources Inventory Area Map, March 2009.*

## SECTION F. SLUDGE/BIOSOLIDS MANAGEMENT AND DISPOSAL

1. If your wastewater treatment is by lagoon:

Has the depth of the sludge been measured in the last five years?

☒ YES ☐ NO (If yes, include the measurements and a map that shows the approximate measurement sites) *See Attached.*

Will sludge be removed from the lagoon(s) in the next five years? If so, describe the sludge, stabilization, utilization, and disposal methods. Attach extra sheets as necessary.

*Biosolids will be dredged from lagoons 1 and 2 in year 2017 and land applied on a nearby permitted land application site.*

2. If your wastewater treatment is by methods other than lagoon:

Do you have a Sludge Management Plan? ☐ YES ☐ NO

Is the Plan approved by:

☐ Local health district? Date approved:

☐ Department of Ecology? Date approved:

3. Does your facility have a biosolids permit issued by Ecology? If so, please provide the permit's number and expiration date.

Biosolids Permit number      *General Permit*      Permit expiration Date      9/2020

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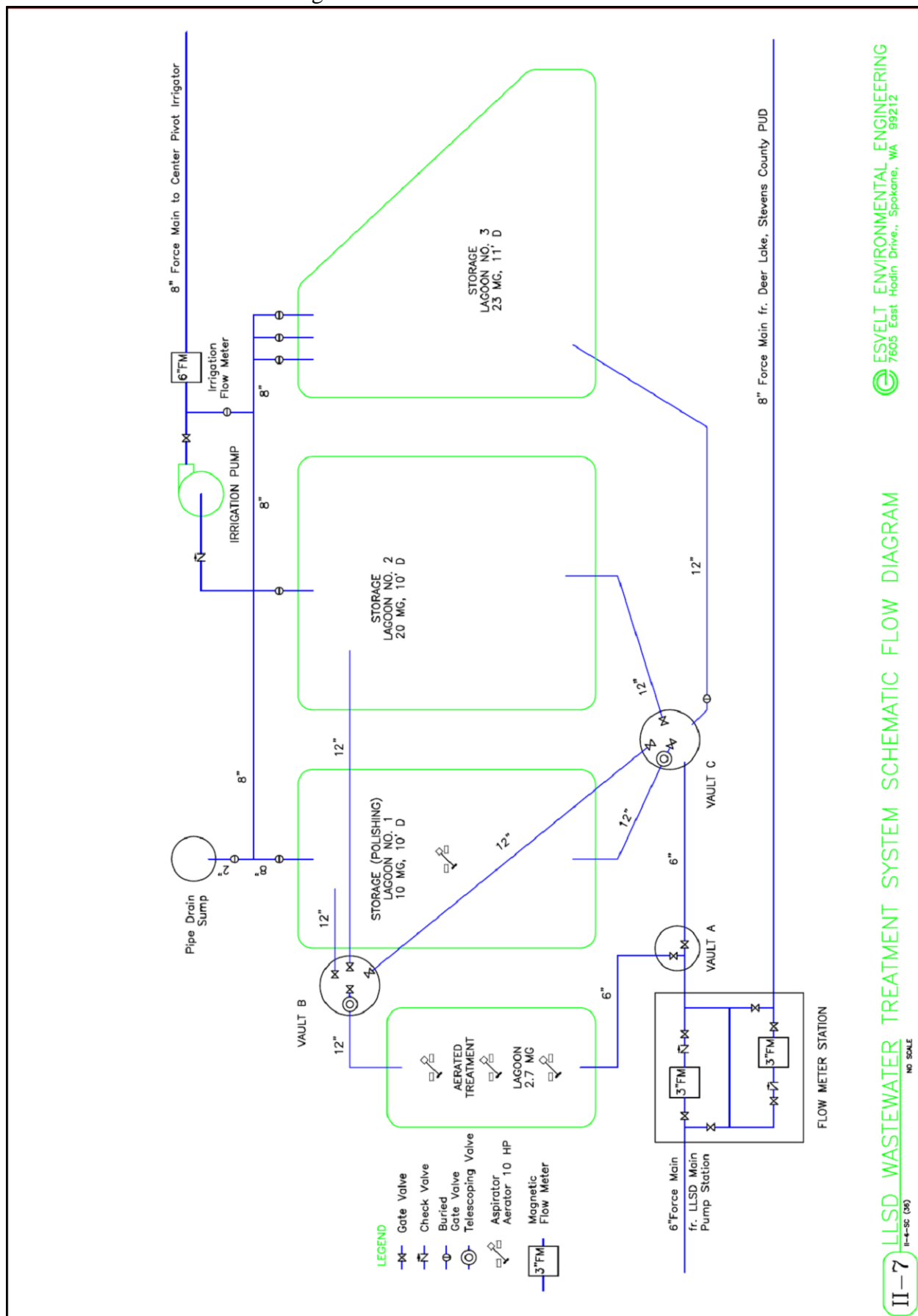
### Summary of Attachments That May be Required for This Application:

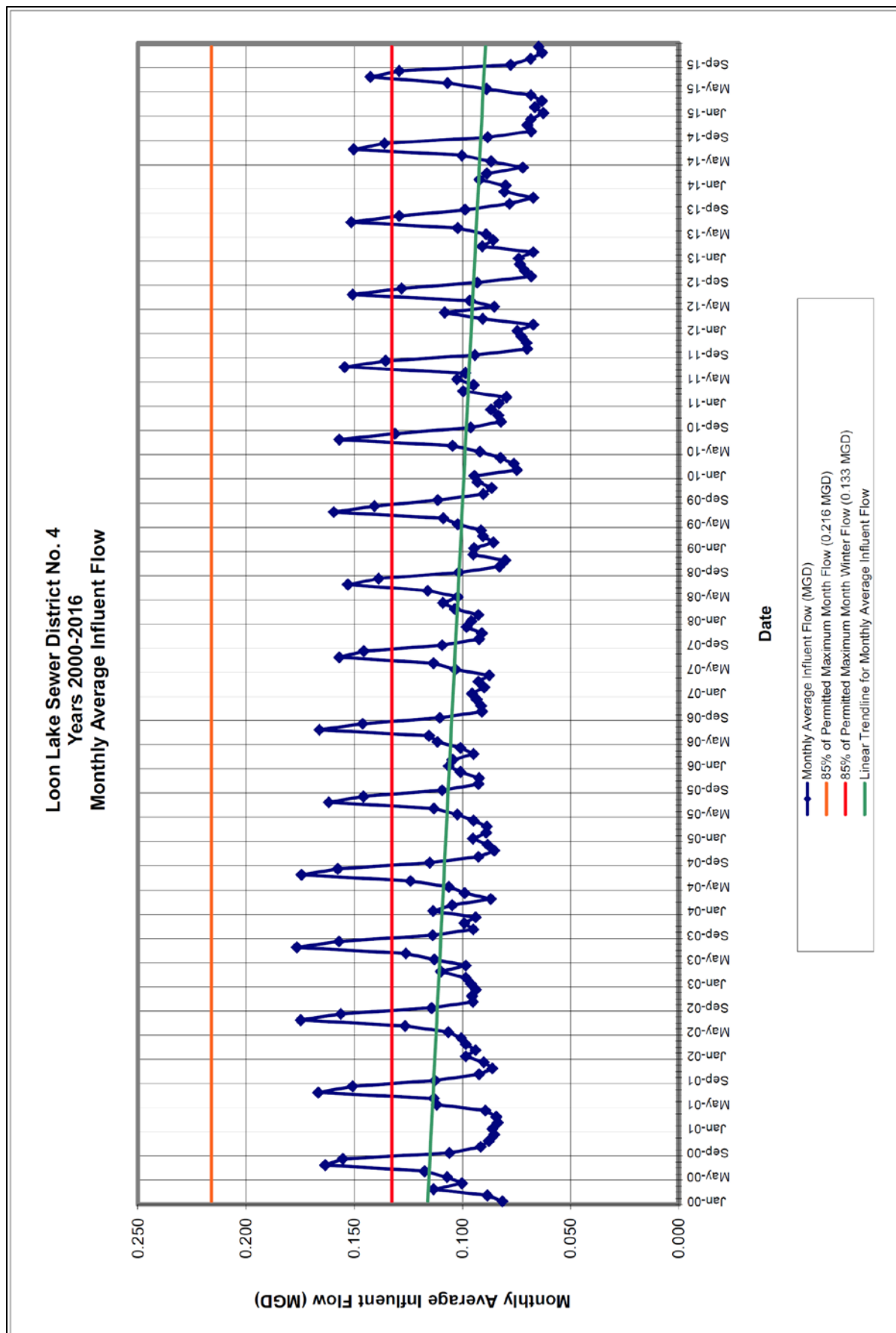
(Please check attachments that are included)

- ☒ B.5 Schematic drawing of POTW
- ☒ C.4 Flow records
- ☐ C.6 Additional effluent analysis
- ☐ D. Additional ground water data
- ☐ E.1 Copies of contracts authorizing use of land for treatment
- ☒ E.3 USGS topographic map
- ☒ E.4 Soil information
- ☒ E.5 Local geology and hydrogeology

*If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*







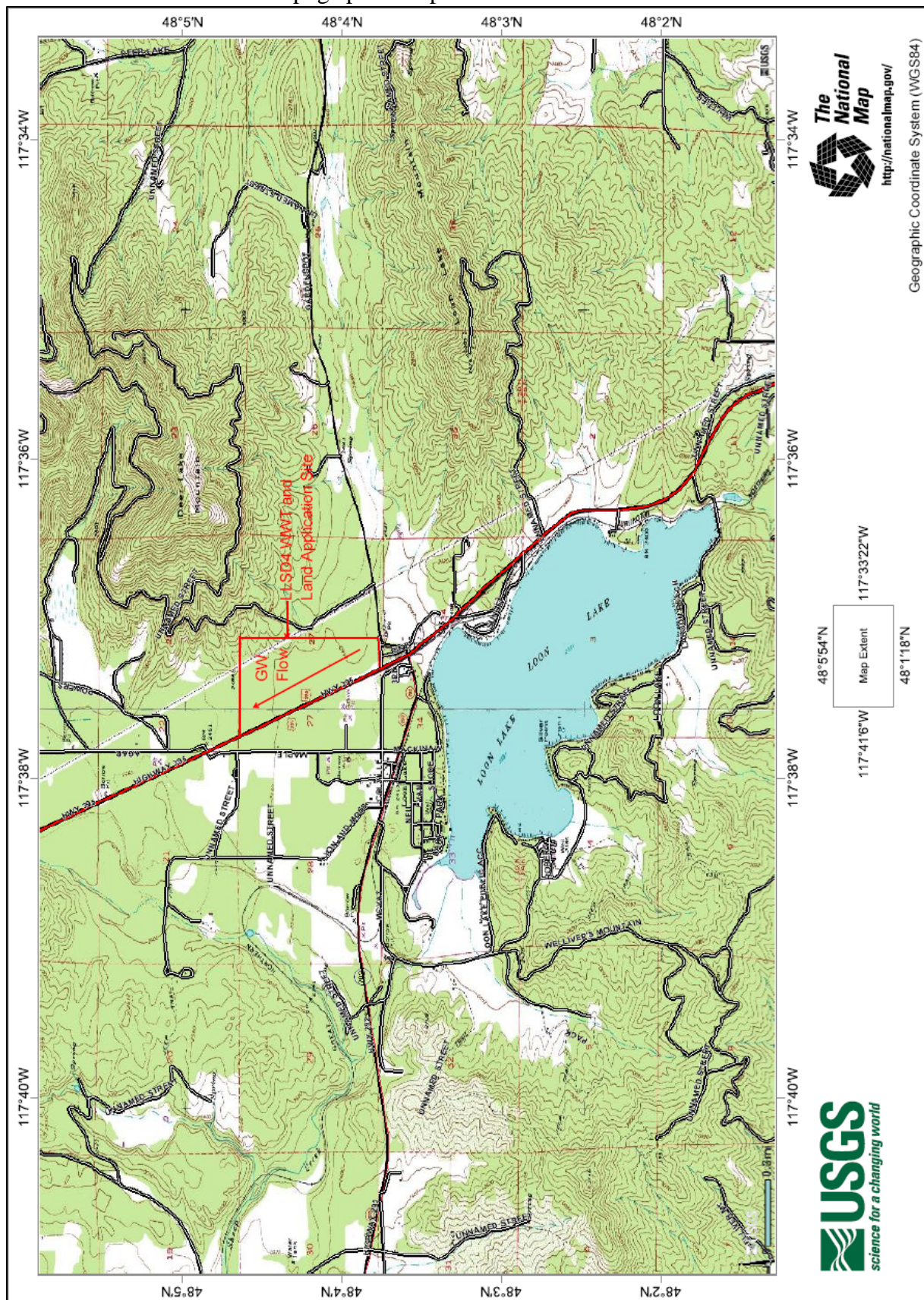
I — 1

LOON LAKE WASTEWATER FACILITIES LOCATION MAP

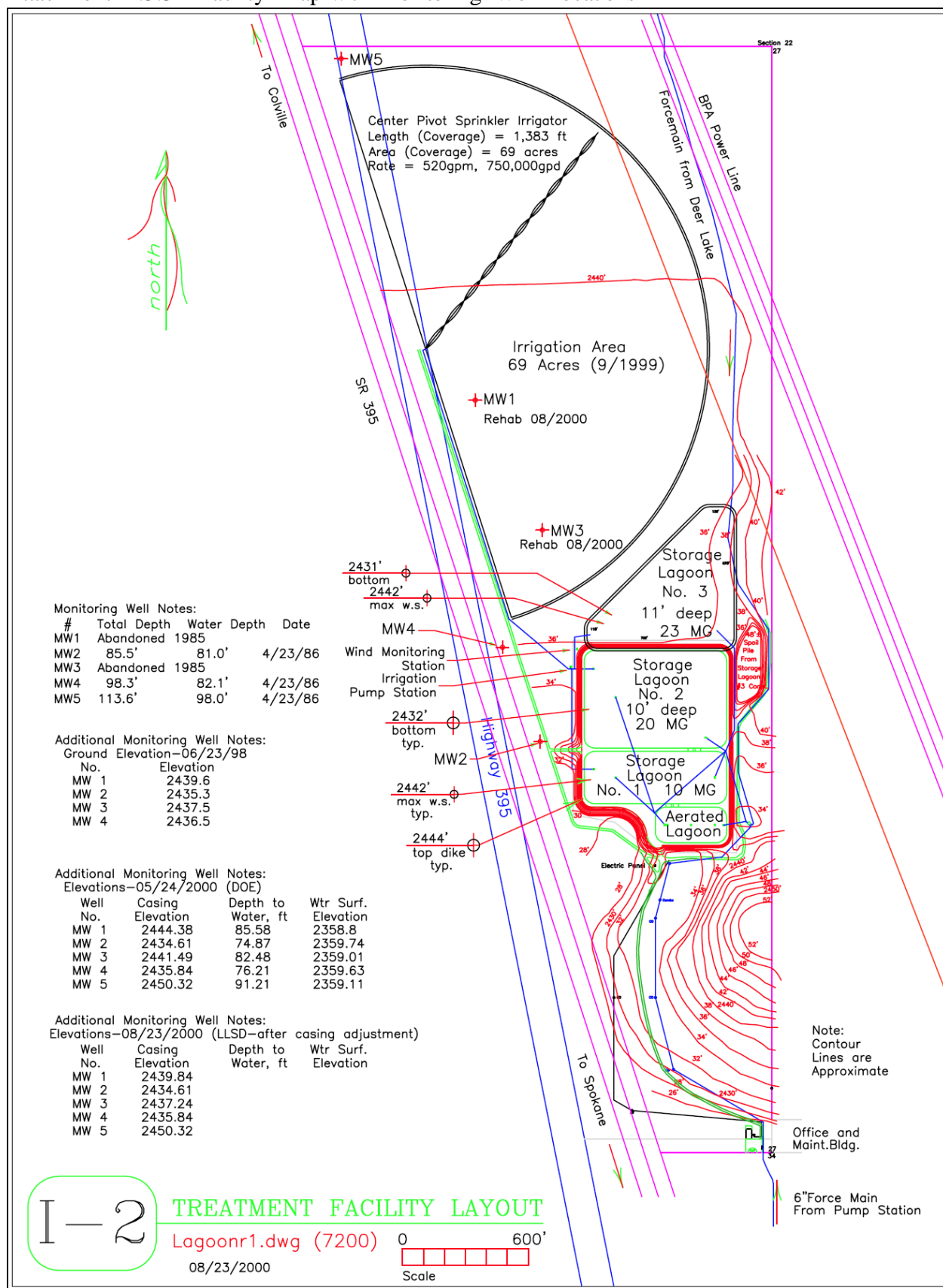
LOONL-SL (2400)



# Attachment E.3.2 – USGS Topographic Map

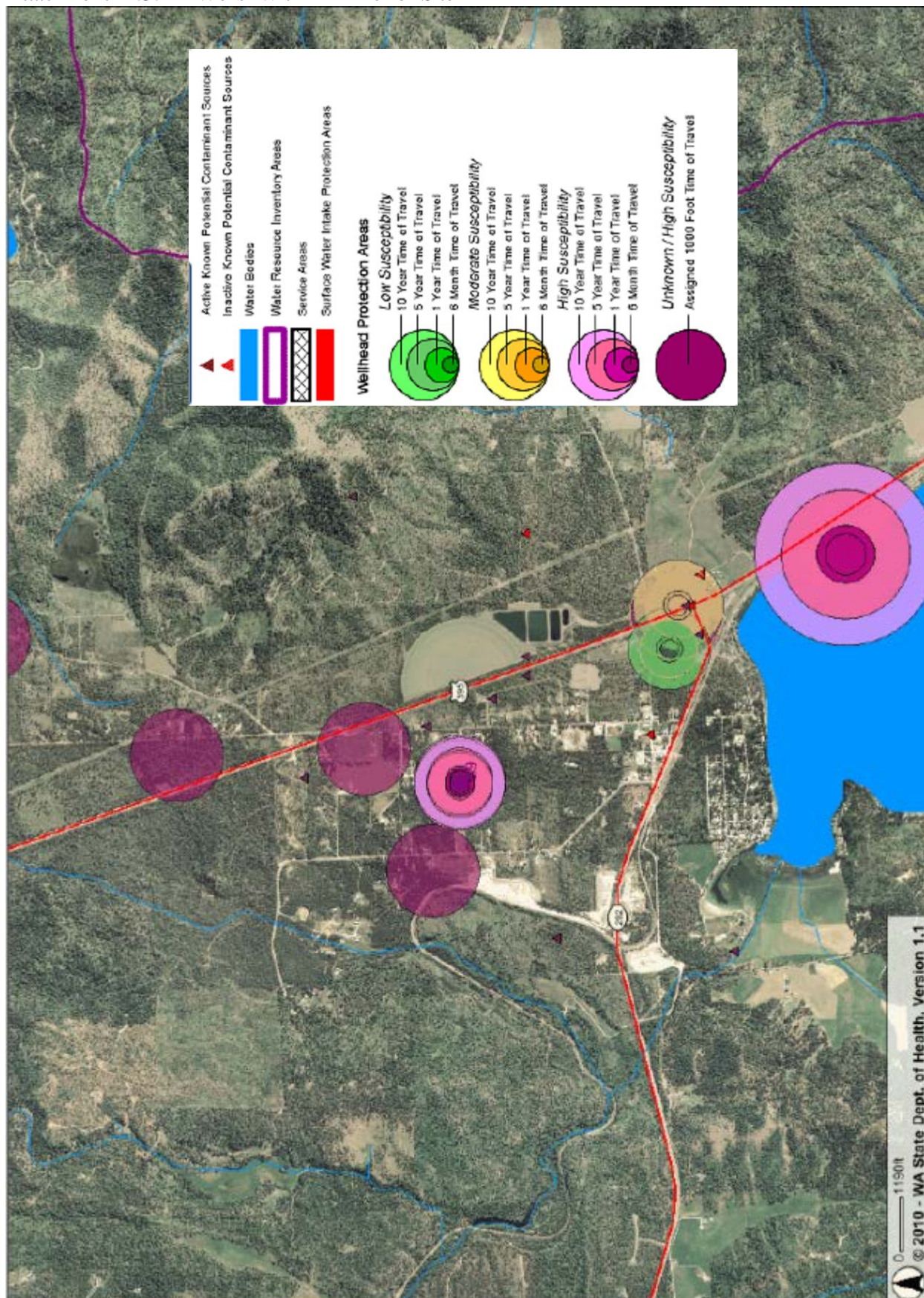


# Attachment E.3.3 – Facility Map with Monitoring Well Locations

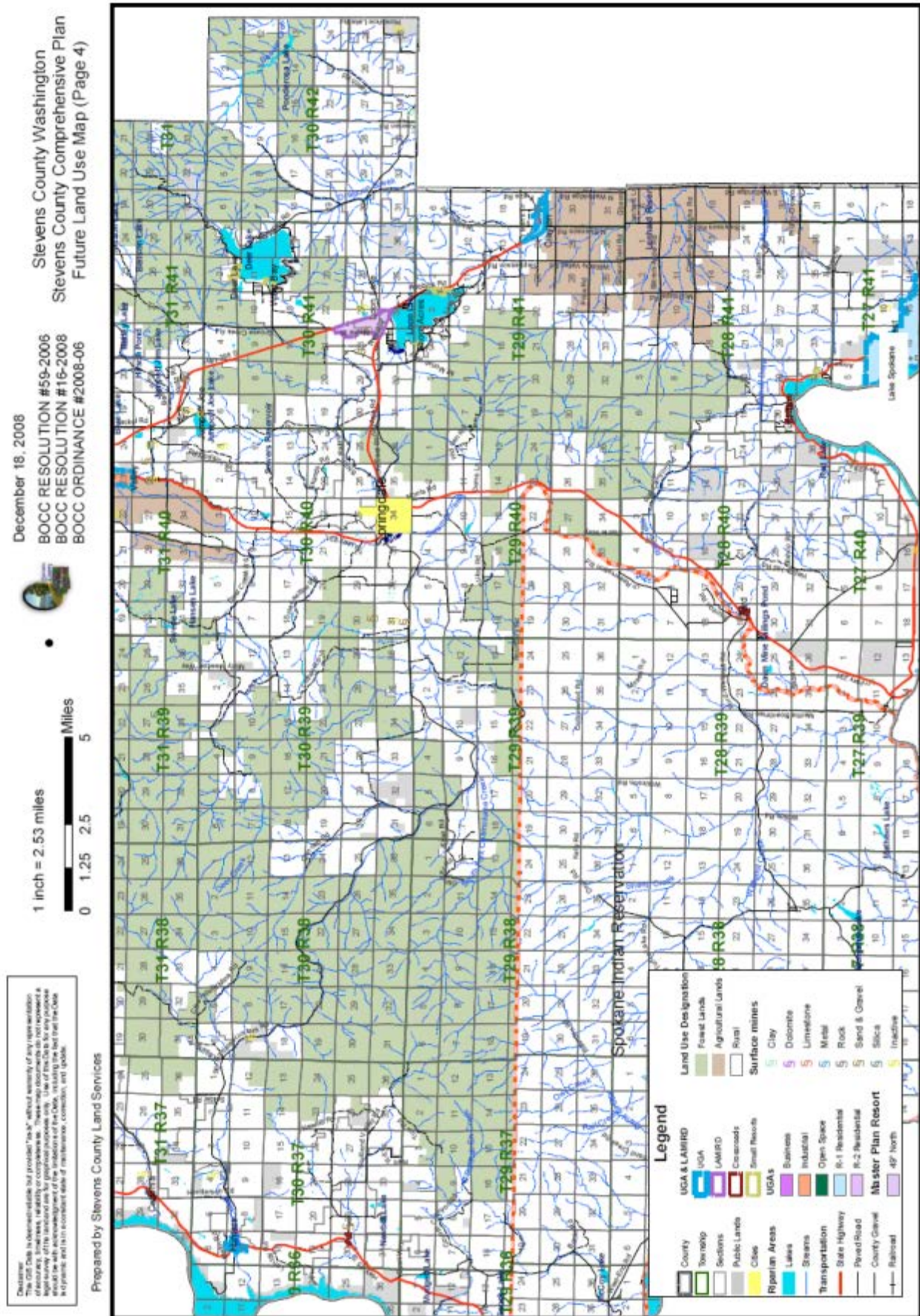




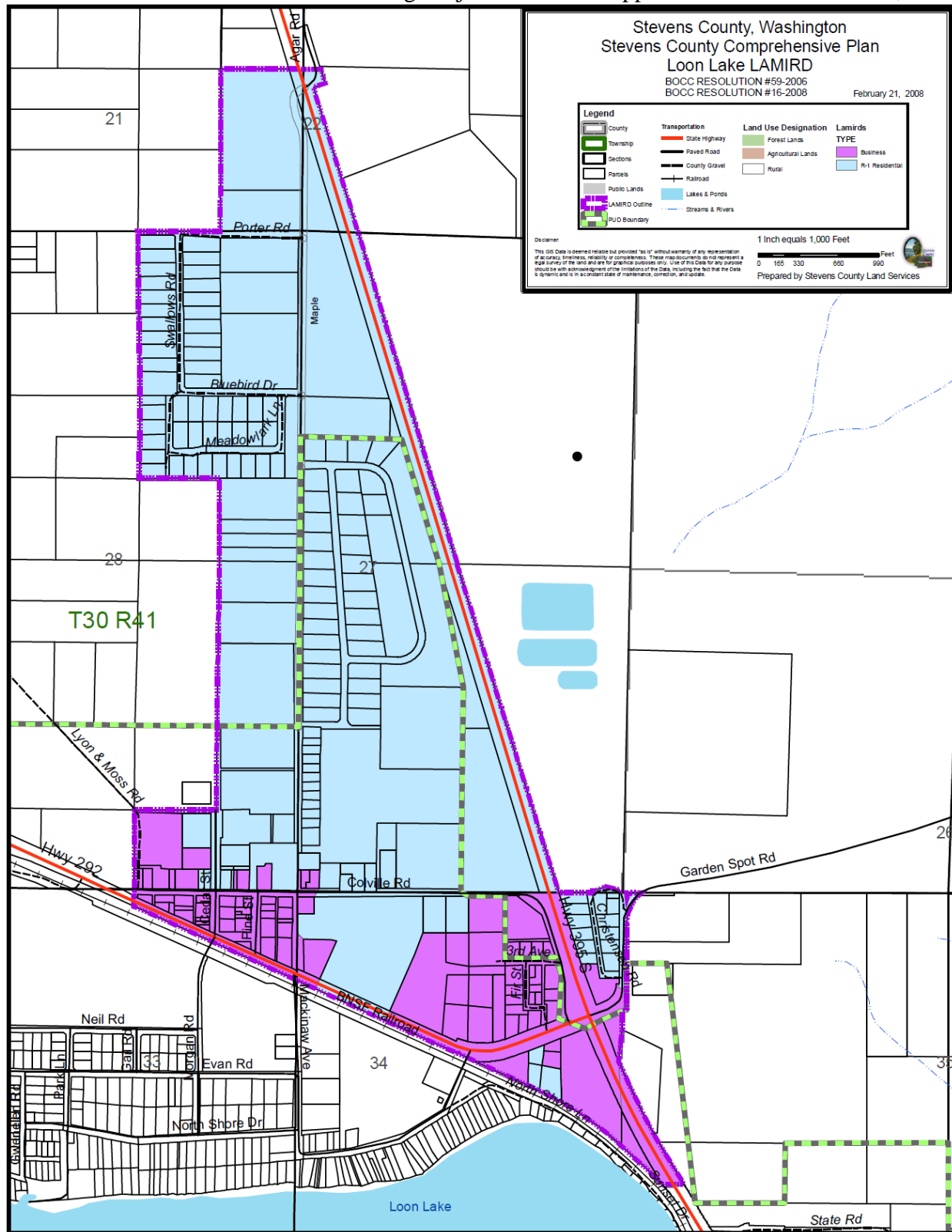
Attachment E.3.4 – Wells Within 1 mile of Site





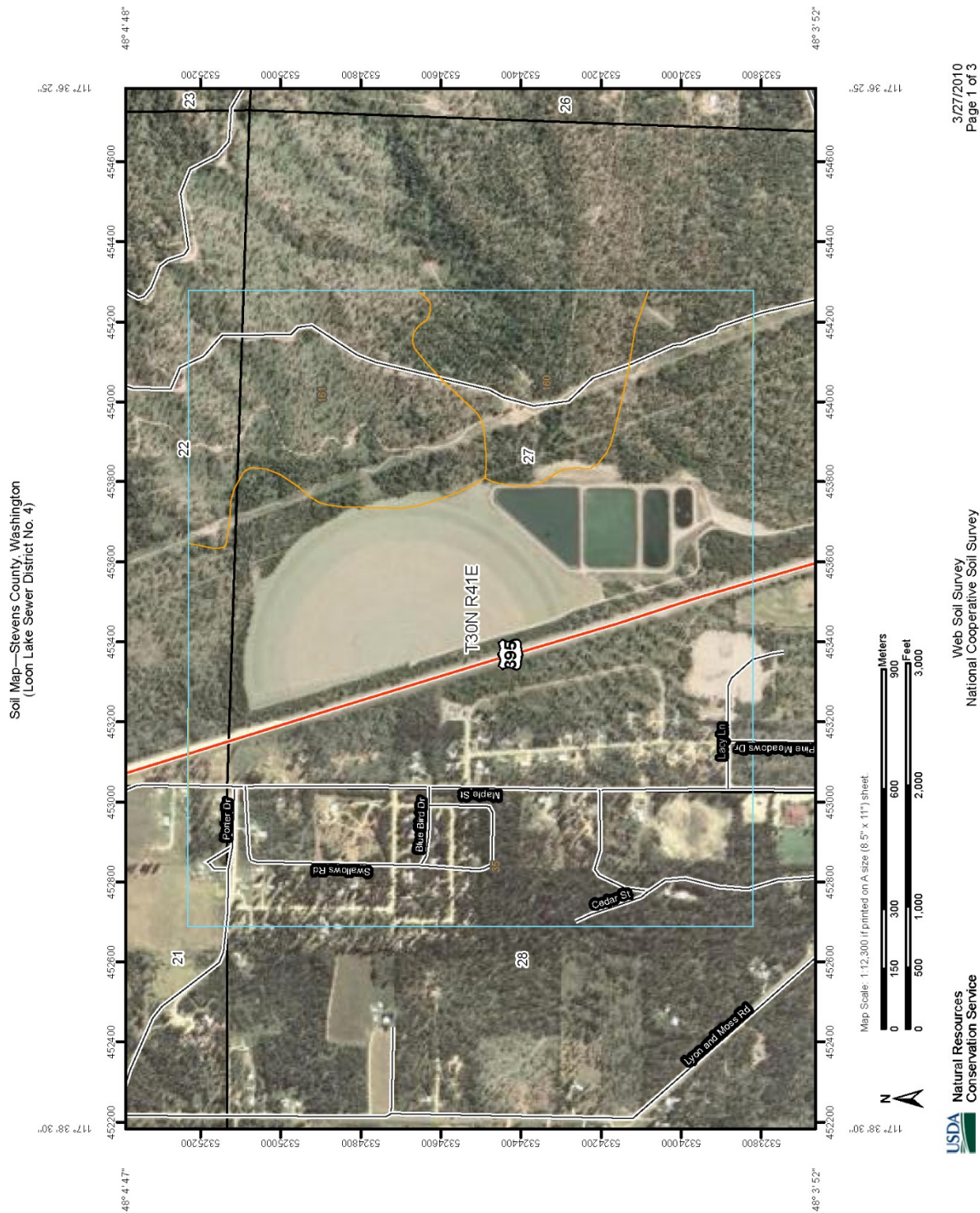


Attachment E.3.6 – Land Uses and Zoning Adjacent to Land Application Site – Loon Lake, WA

























































# Attachment E.4 – Soil Description at the Site – Loon Lake, WA



Soil Map—Stevens County, Washington  
(Loon Lake Sewer District No. 4)

## MAP LEGEND

	Area of Interest (AOI)		Very Stony Spot
	Area of Interest (AOI)		Wet Spot
	Soils		Other
	Soil Map Units		Special Line Features
	Special Point Features		Gully
	Blowout		Short Steep Slope
	Borrow Pit		Other
	Clay Spot		Political Features
	Closed Depression		Cities
	Gravel Pit		PLSS Township and Range
	Gravelly Spot		PLSS Section
	Landfill		Water Features
	Lava Flow		Oceans
	Marsh or swamp		Streams and Canals
	Mine or Quarry		Transportation
	Miscellaneous Water		Rails
	Perennial Water		Interstate Highways
	Rock Outcrop		US Routes
	Saline Spot		Major Roads
	Sandy Spot		Local Roads
	Severely Eroded Spot		
	Sinkhole		
	Slide or Slip		
	Sodic Spot		
	Spoil Area		
	Stony Spot		

## MAP INFORMATION

Map Scale: 1:12,300 if printed on A size (8.5" x 11") sheet.

The soil surveys that comprise your AOI were mapped at 1:24,000.

Please rely on the bar scale on each map sheet for accurate map measurements.

Source of Map: Natural Resources Conservation Service  
Web Soil Survey URL: <http://websoilsurvey.nrcs.usda.gov>  
Coordinate System: UTM Zone 11N NAD83

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Stevens County, Washington  
Survey Area Data: Version 7, Jun 9, 2009

Date(s) aerial images were photographed: 6/27/2006

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

## Map Unit Legend

Stevens County, Washington (WA065)			
Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
35	Bonner silt loam, 0 to 10 percent slopes	417.9	75.3%
160	Moscow silt loam, 25 to 40 percent slopes	49.9	9.0%
161	Moscow silt loam, 40 to 65 percent slopes	86.8	15.7%
Totals for Area of Interest		554.7	100.0%

## Stevens County, Washington

### 35—Bonner silt loam, 0 to 10 percent slopes

#### Map Unit Setting

*Elevation:* 2,000 to 3,000 feet

*Mean annual precipitation:* 25 to 35 inches

*Mean annual air temperature:* 43 to 46 degrees F

*Frost-free period:* 90 to 120 days

#### Map Unit Composition

*Bonner and similar soils:* 85 percent

#### Description of Bonner

##### Setting

*Landform:* Terraces

*Landform position (three-dimensional):* Tread

*Parent material:* Volcanic ash and loess over glacial outwash

##### Properties and qualities

*Slope:* 0 to 10 percent

*Depth to restrictive feature:* 20 to 40 inches to strongly contrasting textural stratification

*Drainage class:* Well drained

*Capacity of the most limiting layer to transmit water*

*(Ksat):* Moderately high to high (0.57 to 1.98 in/hr)

*Depth to water table:* More than 80 inches

*Frequency of flooding:* None

*Frequency of ponding:* None

*Available water capacity:* Low (about 4.6 inches)

##### Interpretive groups

*Land capability classification (irrigated):* 3e

*Land capability (nonirrigated):* 3e

##### Typical profile

*0 to 17 inches:* Silt loam

*17 to 25 inches:* Gravelly loam

*25 to 60 inches:* Very gravelly loamy sand

## Data Source Information

Soil Survey Area: Stevens County, Washington

Survey Area Data: Version 7, Jun 9, 2009

## Stevens County, Washington

### 160—Moscow silt loam, 25 to 40 percent slopes

#### Map Unit Setting

*Elevation:* 2,200 to 5,000 feet

*Mean annual precipitation:* 18 to 30 inches

*Mean annual air temperature:* 43 to 45 degrees F

*Frost-free period:* 80 to 120 days

#### Map Unit Composition

*Moscow and similar soils:* 80 percent

#### Description of Moscow

##### Setting

*Landform:* Mountains

*Landform position (three-dimensional):* Lower third of mountain flank

*Parent material:* Volcanic ash and loess over residuum and colluvium derived from granite

##### Properties and qualities

*Slope:* 25 to 40 percent

*Depth to restrictive feature:* 20 to 40 inches to paralithic bedrock

*Drainage class:* Well drained

*Capacity of the most limiting layer to transmit water (Ksat):* Very low to high (0.00 to 1.98 in/hr)

*Depth to water table:* More than 80 inches

*Frequency of flooding:* None

*Frequency of ponding:* None

*Available water capacity:* Low (about 4.2 inches)

##### Interpretive groups

*Land capability (nonirrigated):* 6e

##### Typical profile

*0 to 6 inches:* Silt loam

*6 to 14 inches:* Silt loam

*14 to 26 inches:* Sandy loam

*26 to 36 inches:* Weathered bedrock

## Data Source Information

Soil Survey Area: Stevens County, Washington

Survey Area Data: Version 7, Jun 9, 2009



## **Stevens County, Washington**

### **161—Moscow silt loam, 40 to 65 percent slopes**

#### **Map Unit Setting**

*Elevation:* 2,200 to 5,000 feet

*Mean annual precipitation:* 18 to 30 inches

*Mean annual air temperature:* 43 to 45 degrees F

*Frost-free period:* 80 to 120 days

#### **Map Unit Composition**

*Moscow and similar soils:* 75 percent

#### **Description of Moscow**

##### **Setting**

*Landform:* Mountains

*Landform position (three-dimensional):* Center third of mountain flank

*Parent material:* Volcanic ash and loess over residuum and colluvium derived from granite

##### **Properties and qualities**

*Slope:* 40 to 65 percent

*Depth to restrictive feature:* 20 to 40 inches to paralithic bedrock

*Drainage class:* Well drained

*Capacity of the most limiting layer to transmit water (Ksat):* Very low to high (0.00 to 1.98 in/hr)

*Depth to water table:* More than 80 inches

*Frequency of flooding:* None

*Frequency of ponding:* None

*Available water capacity:* Low (about 4.2 inches)

##### **Interpretive groups**

*Land capability (nonirrigated):* 7e

##### **Typical profile**

*0 to 6 inches:* Silt loam

*6 to 14 inches:* Silt loam

*14 to 26 inches:* Sandy loam

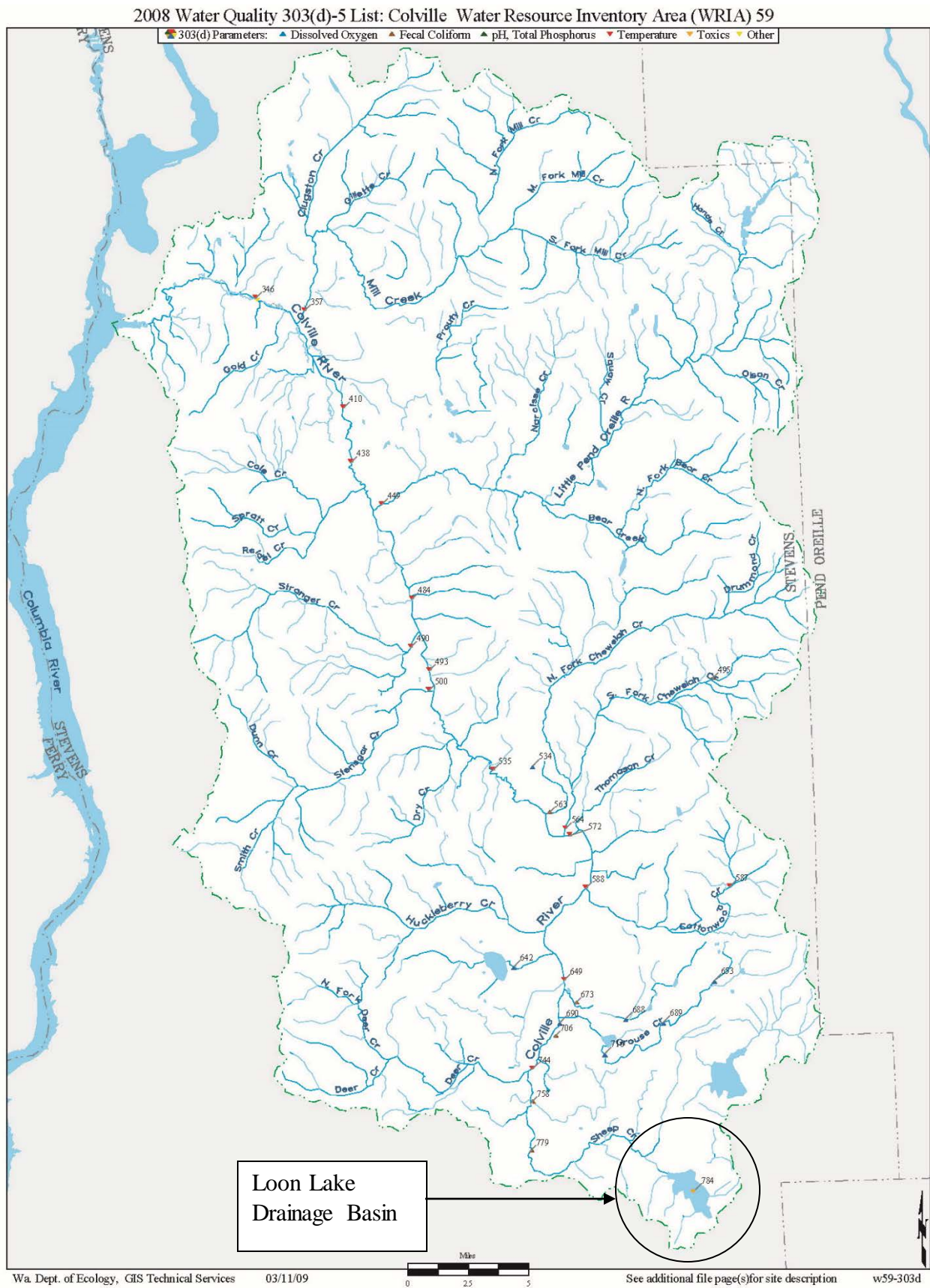
*26 to 36 inches:* Weathered bedrock

## **Data Source Information**

Soil Survey Area: Stevens County, Washington

Survey Area Data: Version 7, Jun 9, 2009

Attachment E.5 – Description of Local Geology and Hydrogeology Within One Mile of Site



# WATER WELL REPORT FOR AN EXISTING WELL

WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY  
**RECEIVED**

JAN 24 2003

## INSTRUCTIONS:

Use this form only if an original water well report was NEVER filed or is MISSING from Ecology records. Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known, leave blank. After completing, mail the original form to: Wa State Dept of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

<p>DEPARTMENT OF ECOLOGY WELL DRILLING UNIT <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other <u>MONITORING</u></p> <p>DIMENSIONS: Diameter of well <u>2</u> inches Depth of completed well <u>111.3</u> ft if known.</p> <p>CONSTRUCTION DETAILS Liner Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs <u>      </u> in. by <u>      </u> in. and no. of perfs <u>      </u> from <u>      </u> ft. to <u>      </u> ft.</p> <p>Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's Name <u>      </u> TYPE: <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>2</u>" Slot Size <u>#10 or #20</u> from <u>      </u> ft. to <u>      </u> ft.</p> <p>Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Materials placed from <u>NATURAL FORMATION</u> ft. to <u>      </u> ft.</p> <p>Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If known, to what depth <u>20</u> ft. Materials used if known: <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement</p> <p>PUMP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mfr's Name <u>      </u> Type <u>      </u> H.P. <u>      </u></p> <p>WATER LEVELS: Land-surface elevation above mean sea level <u>2439.6</u> ft. Static level <u>80.4</u> ft below top of casing Date measured <u>7-6-84</u> Artesian pressure <u>      </u> lbs. per square inch Date measured <u>      </u> Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u>Unknown</u> Yield <u>      </u> gal/min with <u>      </u> ft drawdown after <u>      </u> hrs</p>	<p>Unique Ecology Well ID Tag No. <u>AHJ-399</u> Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MW# <u>1</u> Property Owner Name <u>LOOK LAKE SEWER DIST #4</u> Well Street Address <u>3963 CHRISTENSEN RD. P.O. Box 98</u> City <u>LOOK LAKE</u> County <u>STEVENS</u> Tax Parcel No. <u>      </u></p> <p><b>LOCATION</b> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec. <u>27</u> Twn. <u>30N</u> R. <u>41</u> <u>EWM circle</u> or one WWM</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p style="text-align: right;">This square represents one section of land, which is approx 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p> <p>Latitude/Longitude NOTE: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>4'30"</u> Long Deg <u>117</u> Long Min/Sec <u>37'30"</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated</p> <p>Additional Information, if available: <input checked="" type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)</p>	D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A														
E	F	G	H														
M	L	K	J														
N	P	Q	R														

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☒ Engineer ☐ Property Owner ☐ Other

Name STEVE BURCHETT

Signature Steve Burchett

Driller License No. 2107

Date Signed 1-6-03

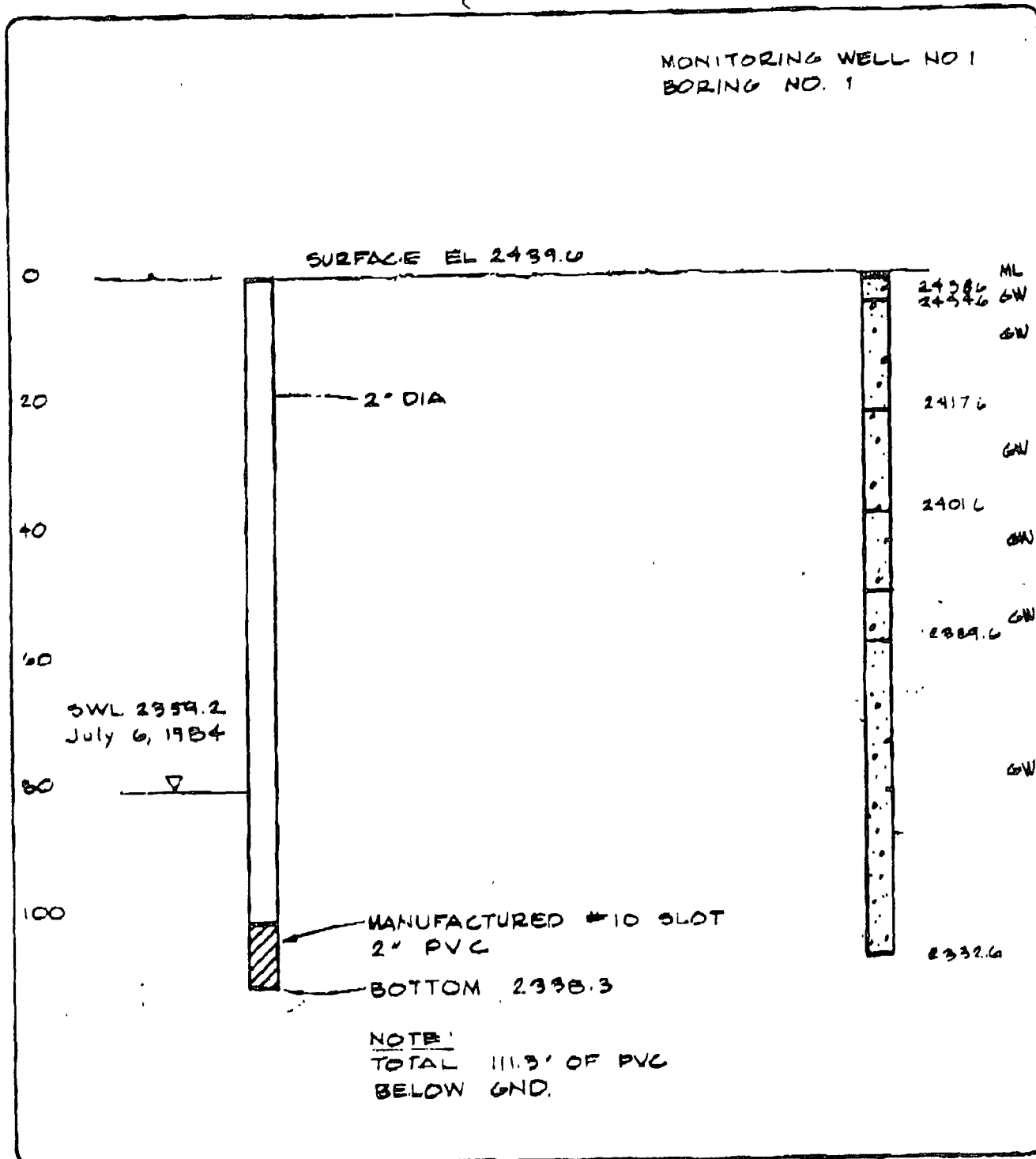
Drilling Company UNKNOWN

Address of person completing this form: BUDINGER & ASSOCIATES

3820 EB ROADWAY

City, State, Zip SPOKANE WA 99202

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

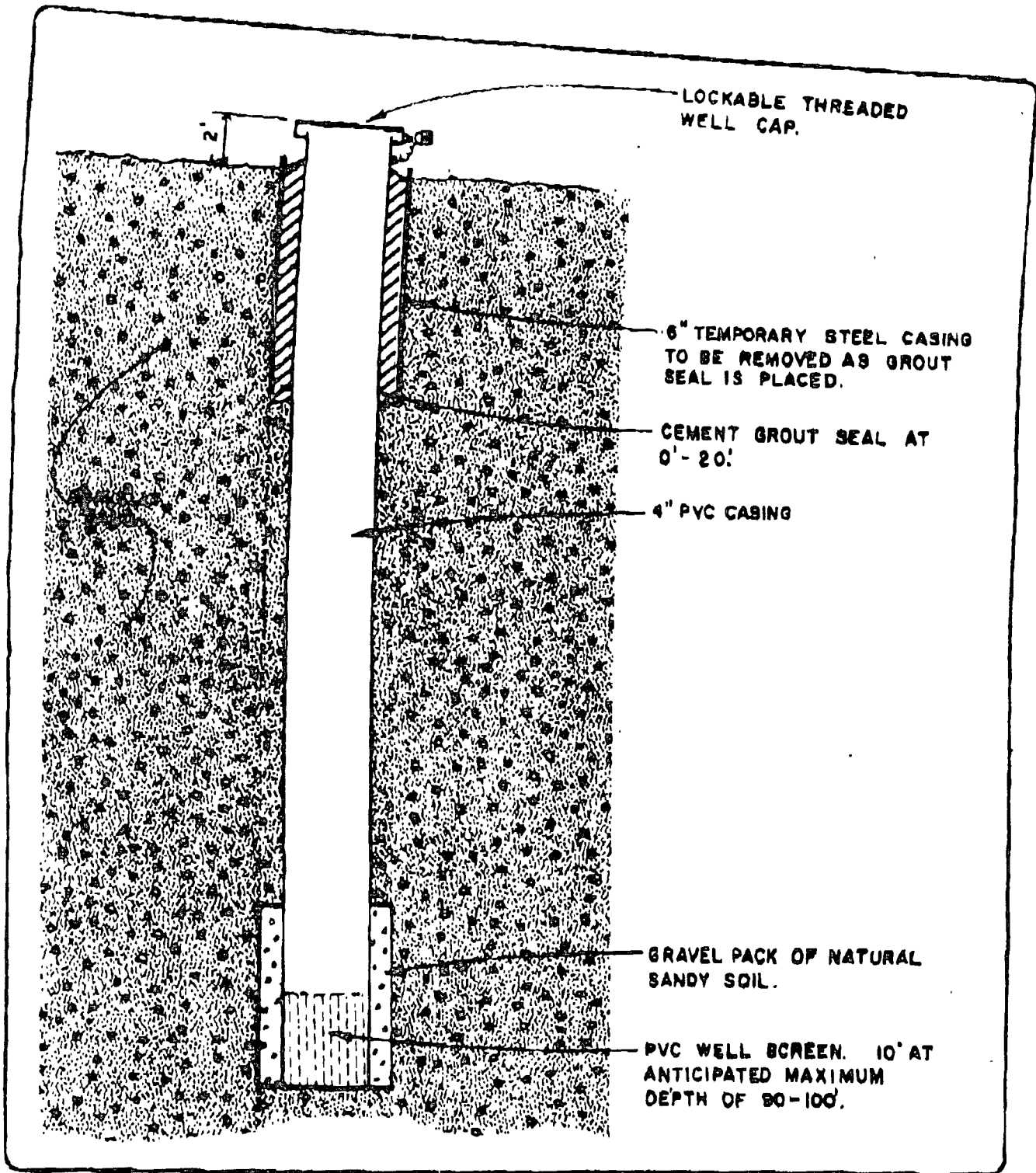



DESIGN BY		CHECKED BY		MONITORING WELL NO. 1	APPROVED	CENTURY WEST ENGINEERING CORPORATION
SURVEY BY	TS	SCALE	NTS	LOON LAKE PHILLABAUM PROPERTY	DATE	
DRAWN BY	CG	DWG. NO	3099.002	July 1984		

NAME:  
SA J. M. H. H. H.



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



DESIGN BY	MCA	CHECKED BY	MCA	LOON LAKE SEWERAGE	APPROVED	
SURVEY BY		SCALE	N.T.S.	SYSTEM - TYPICAL	MCA	
DRAWN BY		DWG NO	3059.00202	MONITORING WELL	DATE 4-11-84	



# WATER WELL REPORT FOR AN EXISTING WELL

## INSTRUCTIONS:

Use this form only if an original water well report was NEVER filed or is MISSING from Ecology records. Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known, leave blank. After completing, mail the original form to: Wa State Dept of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

<b>CURRENT USE:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other <u>MONITORING</u>		Unique Ecology Well ID Tag No. <u>AHJ-398</u> Water Right? If yes, attach copy <input type="radio"/> Yes <input checked="" type="radio"/> No <u>MW#2</u> Property Owner Name <u>LOON LAKE SEWER DIST #4</u> Well Street Address <u>3963 CHRISTENSEN Rd, P.O. Box 98</u> City <u>LOON LAKE</u> County: <u>STEVENS</u> Tax Parcel No. _____																	
<b>DIMENSIONS:</b> Diameter of well <u>2"</u> inches Depth of completed well <u>95.5</u> ft. if known		<b>LOCATION</b> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec. <u>27</u> Twn. <u>30N</u> R. <u>41</u> <u>EWM</u> circle or one WWM																	
<b>CONSTRUCTION DETAILS</b> Liner Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft. Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's Name <u>NA</u> TYPE: <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>2"</u> Slot Size <u>#10 or #20</u> from <u>85.5</u> ft. to <u>95.5</u> ft. Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Materials placed from <u>FORMATION</u> ft. to _____ ft. Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If known, to what depth <u>18</u> ft. Materials used if known: <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement		<table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A																
E	F	G	H																
M	L	K	J																
N	P	Q	R																
PUMP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mfr's Name _____ Type: _____ H.P. _____		Latitude/Longitude NOTE: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>4'15"</u> Long Deg <u>117</u> Long Min/Sec <u>37'30"</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>2436.7</u> ft. Static level <u>2358.0</u> ft. below top of casing Date measured <u>7/6/84</u> Artesian pressure _____ lbs per square inch Date measured _____ Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Additional Information, if available:</b> <input checked="" type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input checked="" type="checkbox"/> Unknown Yield _____ gal/min with _____ ft drawdown after _____ hrs																			

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☒ Engineer ☐ Property Owner ☐ Other

Name STEVE BURCHETT

Signature Steve Burchett

Driller License No. 2107

Date Signed 1-6-03

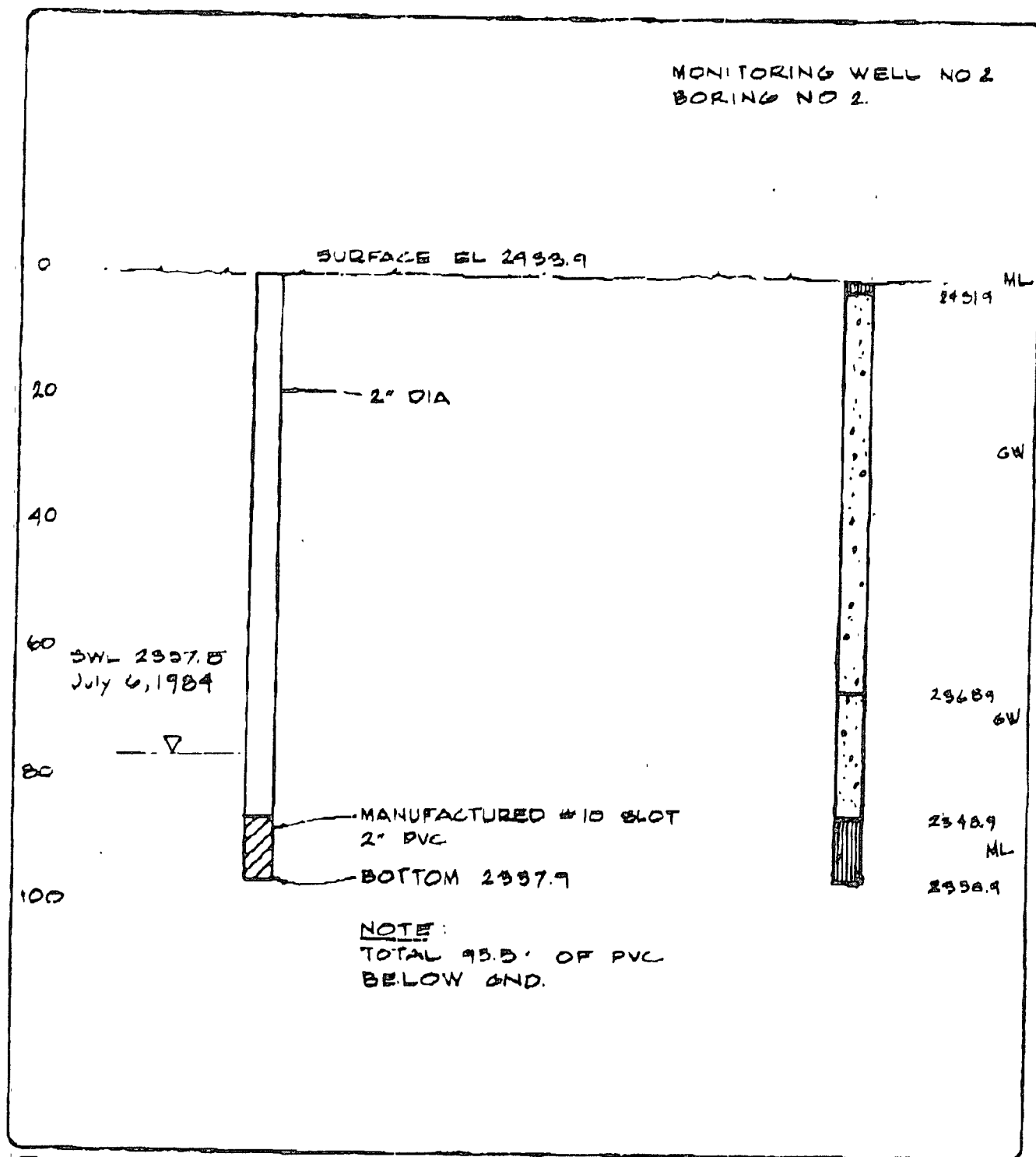
Drilling Company UNKNOWN

Address of person completing this form: BUDINGER & ASSOC.

3820 E BROADWAY

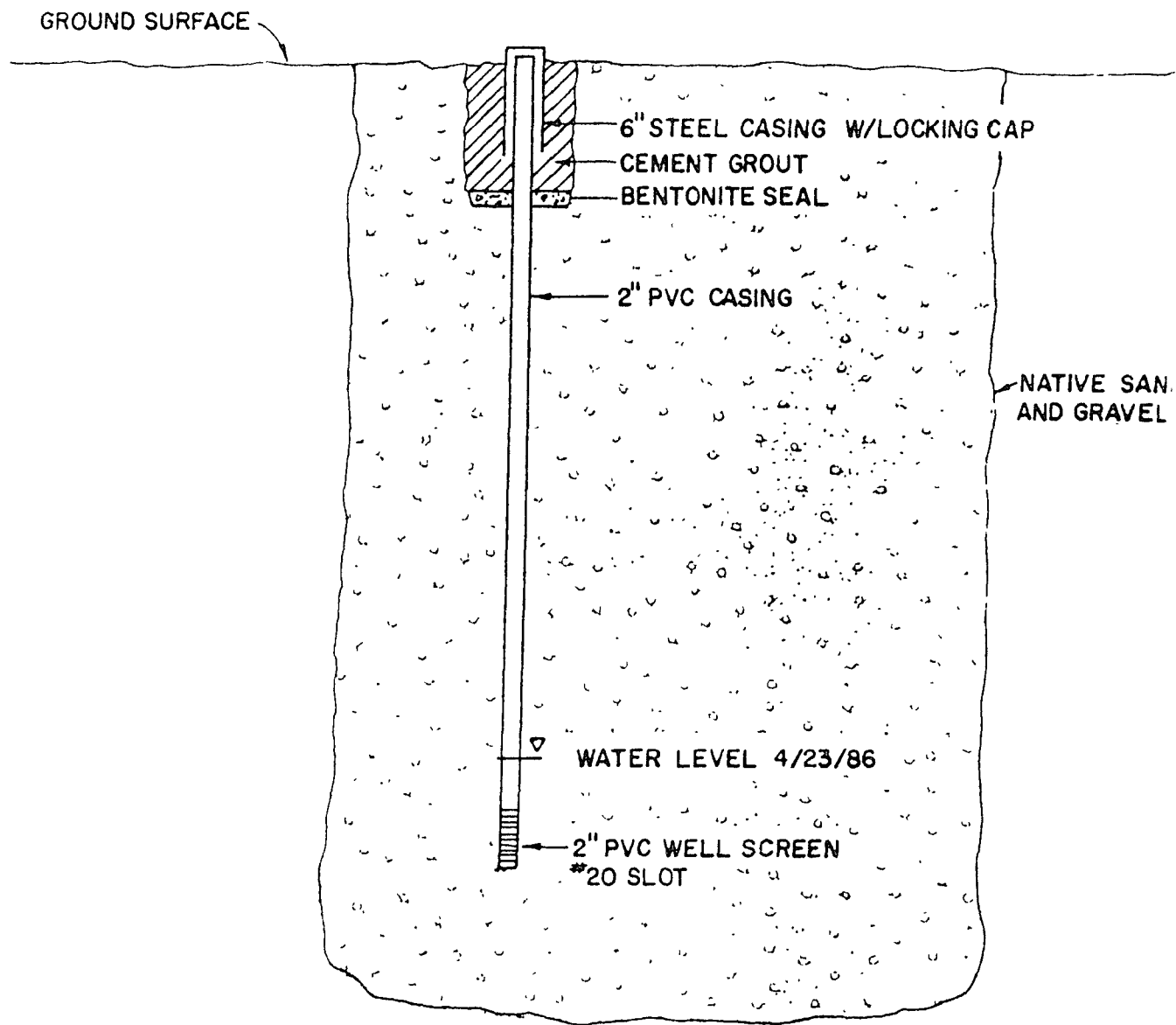
City, State, Zip SPOKANE WA 99202


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

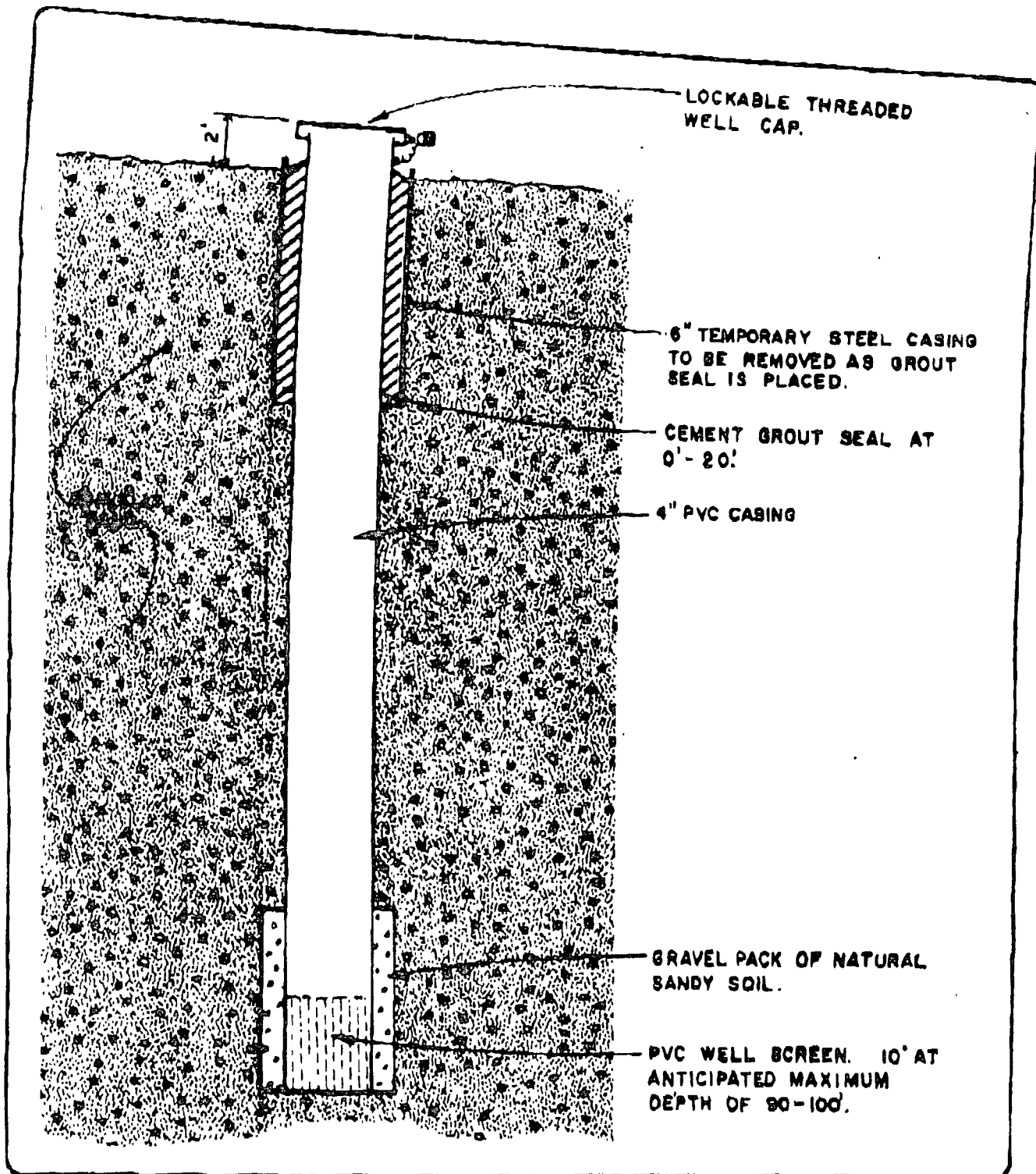


DESIGN BY		CHECKED BY		MONITORING WELL NO 2	APPROVED	CENTURY WEST ENGINEERING CORPORATION
SURVEY BY	TB	SCALE	NTS	LOON LAKE PHILLABAU PROPERTY	DATE	
DRAWN BY	EG	DWG NO.	2099.002		July 1984	

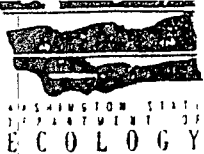
NAME  
FASAC 6000



DESIGN BY	MCA	CHECKED BY	MCA	LOON LAKE MONITORING WELL MW 2 30099.002.01	APPROVED	
SURVEY BY		SCALE	V: 1"=20'		DATE	
DRAWN BY	DSP	DWG NO			4-86	



DESIGN BY	MCA	CHECKED BY	MCA	LOON LAKE SEWERAGE	APPROVED	CENTURY WEST ENGINEERING CORPORATION
SURVEY BY		SCALE	N.T.S.	SYSTEM - TYPICAL	MCA	
DRAWN BY		DWG. NO	3059.00202	MONITORING WELL	DATE 4-11-84	

WATER WELL REPORT  
FOR AN EXISTING WELL

## INSTRUCTIONS:

Use this form only if an original water well report was NEVER filed or is MISSING from Ecology records. Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known, leave blank. After completing, mail the original form to: Wa State Dept of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

<b>CURRENT USE:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other <u>MONITORING</u>	Unique Ecology Well ID Tag No. <u>AHJ-397</u>																
<b>DIMENSIONS:</b> Diameter of well <u>2"</u> inches. Depth of completed well <u>96.9</u> ft if known.	Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>MW#3</u>																
<b>CONSTRUCTION DETAILS</b> Liner Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Property Owner Name <u>LOON LAKE SEWER DIST. #4</u>																
<b>Perforations:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs <u>      </u> in. by <u>      </u> in. and no. of perfs <u>      </u> from <u>      </u> ft. to <u>      </u> ft.	Well Street Address <u>3963 CHRISTENSEN Rd P.O. Box 94</u>																
<b>Screens:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's Name <u>      </u> TYPE: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam <u>2"</u> Slot Size <u>#10 or 20</u> from <u>86.9</u> ft. to <u>96.9</u> ft.	City <u>LOON LAKE</u> County <u>STEVENS</u>																
<b>Gravel/Filter packed:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Materials placed from <u>NATURAL FORMATION</u> to <u>      </u> ft.	Tax Parcel No. <u>      </u>																
<b>Surface Seal:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If known, to what depth <u>20</u> ft. Materials used if known <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement	<b>LOCATION</b> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office.																
<b>PUMP:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mfr's Name <u>      </u> Type <u>      </u> H.P. <u>      </u>	Sec <u>27</u> Twn <u>30N</u> R <u>41</u> <u>EWM</u> circle or one WWM																
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>2436.7</u> ft. Static level <u>2358.9</u> ft. below top of casing Date measured <u>7-6-84</u> Artesian pressure <u>      </u> lbs per square inch Date measured <u>      </u> Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"><tr><td>D</td><td>C</td><td>B</td><td>A</td></tr><tr><td>E</td><td>F ●</td><td>G</td><td>H</td></tr><tr><td>M</td><td>L</td><td>K</td><td>J</td></tr><tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr></table> <p>This square represents one section of land, which is approx 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>	D	C	B	A	E	F ●	G	H	M	L	K	J	N	P	Q	R
D	C	B	A														
E	F ●	G	H														
M	L	K	J														
N	P	Q	R														
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input checked="" type="checkbox"/> Unknown Yield <u>      </u> gal/min with <u>      </u> ft drawdown after <u>      </u> hrs	<b>Latitude/Longitude NOTE:</b> Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>4'30"</u> Long Deg <u>117</u> Long Min/Sec <u>37'15"</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated <b>Additional Information, if available:</b> <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☒ Engineer ☐ Property Owner ☐ OtherName STEVE BURCHETTSignature Steve BurchettDriller License No 2107Date Signed 1-6-03Drilling Company UNKNOWNAddress of person completing this form: BUDINER ASSOCIATES3820 E BROADWAYCity, State, Zip SPokane WA 99202

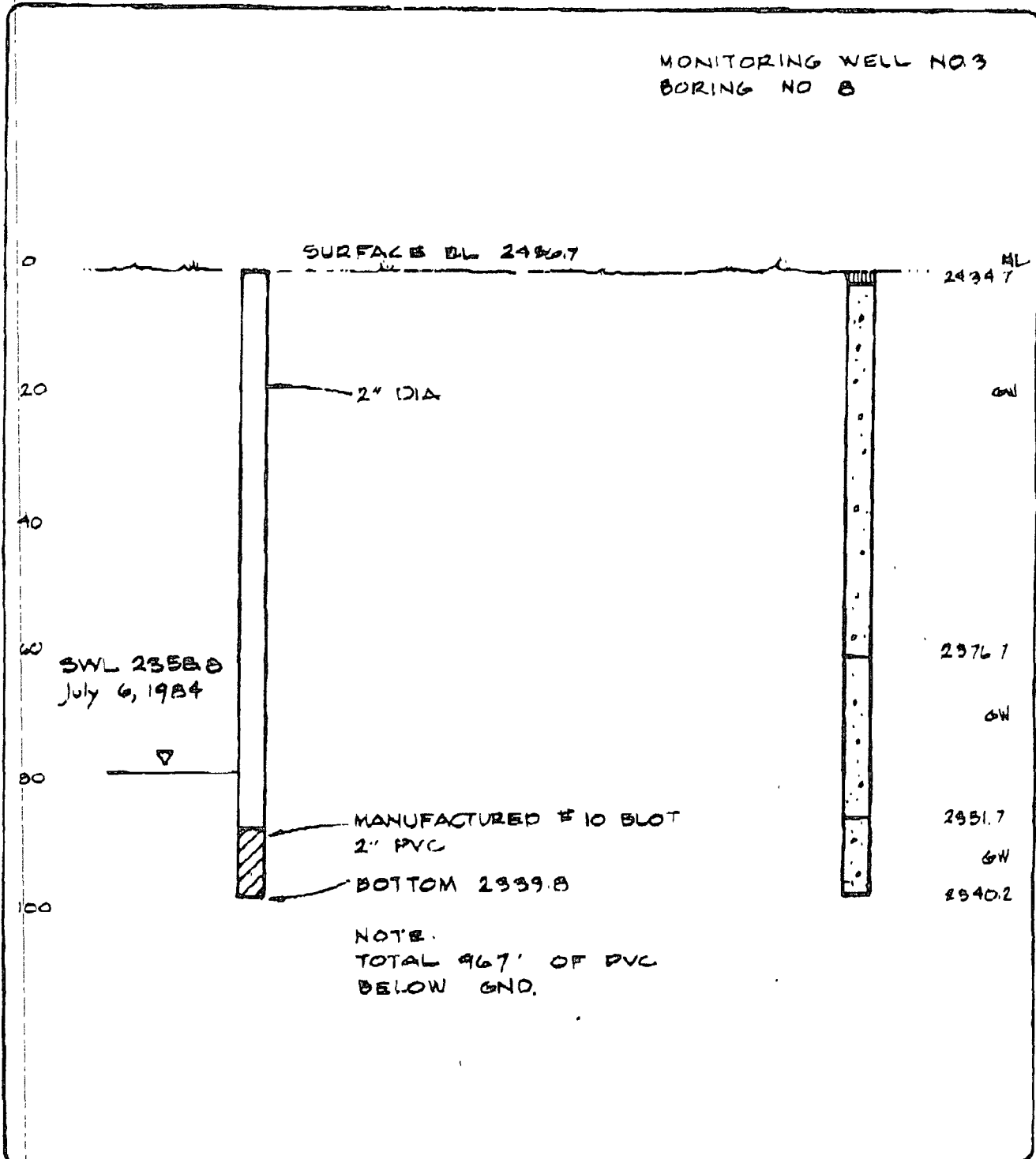
07/30/2002 13:51

5096240355

CENTURY WEST ENGINEER

PAGE 04

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

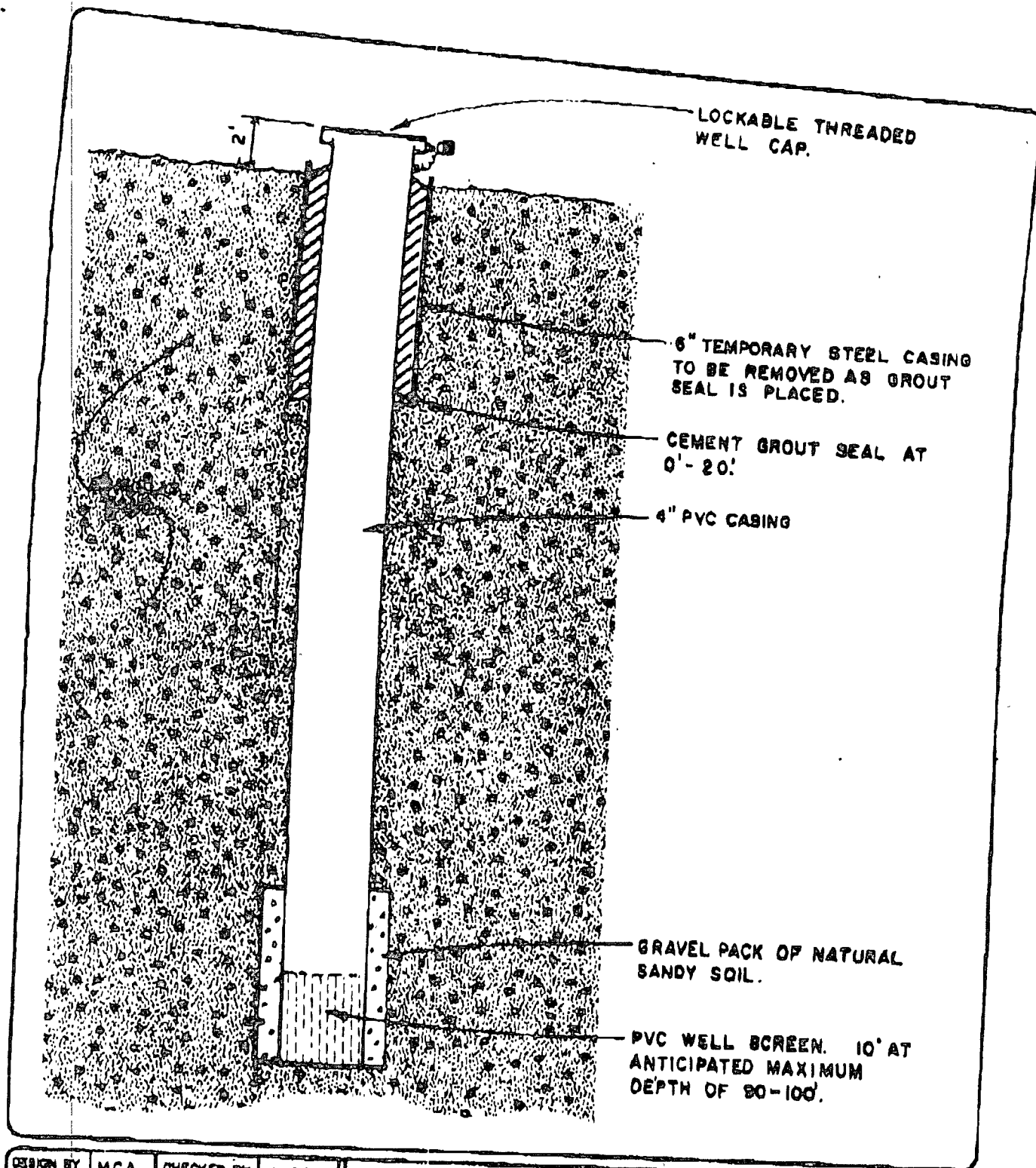



DESIGN BY		CHECKED BY		MONITORING WELL NO. 3 LOON LAKE PHILLABAUM PROPERTY	APPROVED	CENTURY WEST ENGINEERING CORPORATION
SURVEY BY	T3	SCALE	NTS		DATE	
DRAWN BY	G	DWG. NO.	3099 001		July 1984	

NTS

DA 300 0000

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



DESIGN BY	MCA	CHECKED BY	MCA	LOON LAKE SEWERAGE SYSTEM - TYPICAL MONITORING WELL	APPROVED	
SURVEY BY		SCALE	N.T.S.		MCA	
DRAWN BY		DWG. NO.	3099.00202		DATE 4-11-84	





# WATER WELL REPORT FOR AN EXISTING WELL

## INSTRUCTIONS:

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<b>CURRENT USE:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other <u>MONITORING</u>		Unique Ecology Well ID Tag No. <u>AHT-396</u> Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>MW #4</u> Property Owner Name <u>LOON LAKE SEWER DIST. #4</u> Well Street Address <u>3963 CHRISTENSEN Rd P.O. Box 90</u> City <u>LOON LAKE</u> County <u>STEVENS</u> Tax Parcel No. _____																	
<b>DIMENSIONS:</b> Diameter of well <u>2"</u> inches Depth of completed well <u>98.3</u> ft if known.		<b>LOCATION</b> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec. <u>27</u> Twn. <u>30N</u> R. <u>4E</u> <u>EW</u> circle or one WWM																	
<b>CONSTRUCTION DETAILS</b> Liner Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs _____ in by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.		<table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C			B	A														
E	F			G	H														
M	L			K	J														
N	P	Q	R																
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's Name _____ TYPE: <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>2"</u> Slot Size <u>OLD or 0.075</u> from <u>98.3</u> ft. to <u>98.3</u> ft.																			
Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Materials placed from <u>NATURAL FORMATION</u> ft. to _____ ft.																			
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If known, to what depth <u>20</u> ft. Materials used if known: <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement																			
PUMP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mfr's Name _____ Type _____ H.P. _____																			
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>2436.5</u> ft. Static level <u>82.1</u> ft below top of casing Date measured <u>7-6-84</u> Artesian pressure _____ lbs per square inch Date measured _____ Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude/Longitude NOTE: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>4'15"</u> Long Deg <u>117</u> Long Min/Sec <u>37'30"</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input checked="" type="checkbox"/> Unknown Yield _____ gal/min with _____ ft drawdown after _____ hrs		Additional Information, if available: <input checked="" type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☒ Engineer ☐ Property Owner ☐ Other

Name STEVE BURCHETT

Signature Steve Burchett

Driller License No 2107

Date Signed 1-6-03

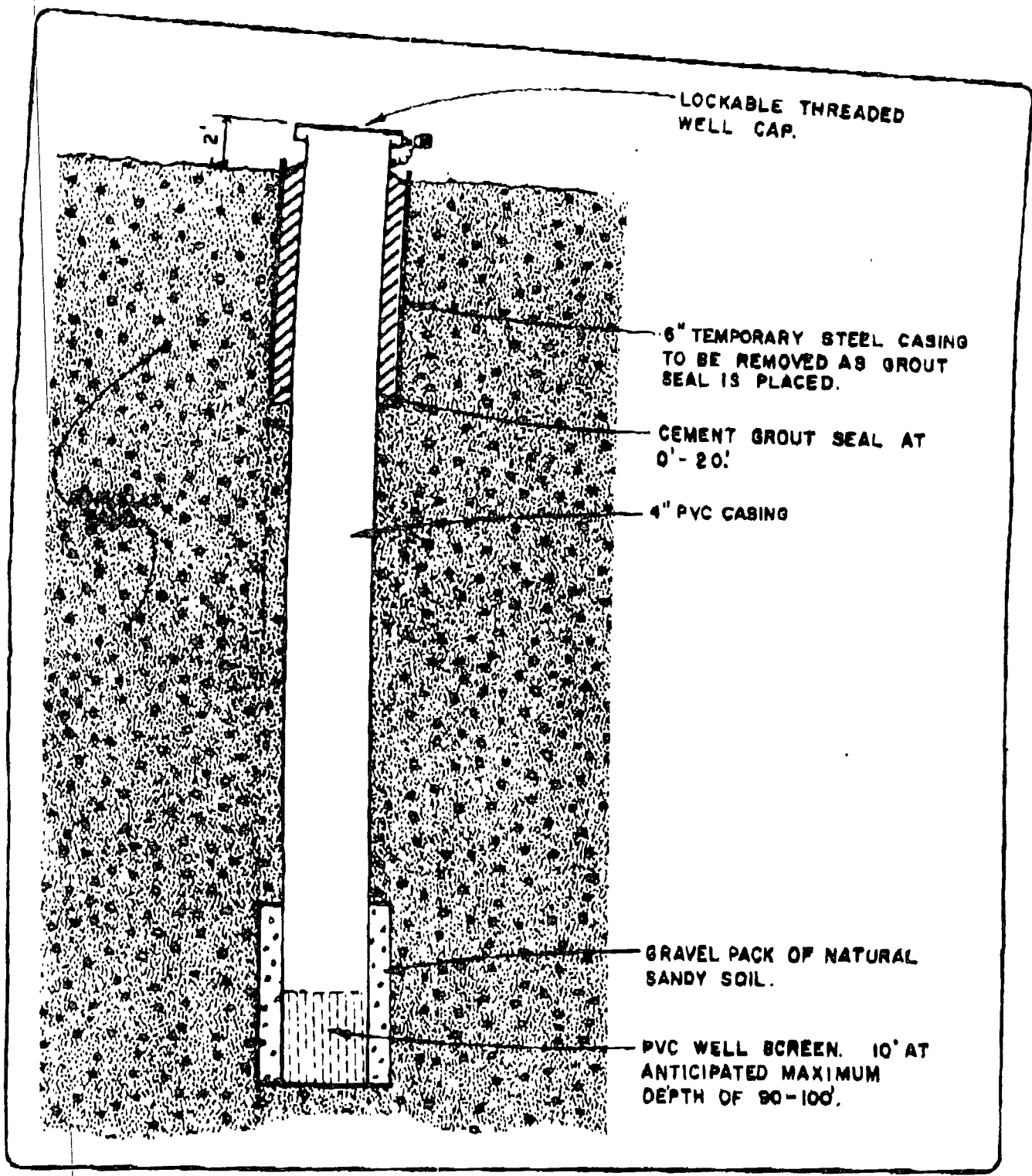
Original - Ecology


Drilling Company UNKNOWN

Address of person completing this form: BUDINGER & ASSOCIATES  
3820 E BROADWAY

City, State, Zip SPokane WA 99202

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



DESIGN BY	MCA	CHECKED BY	MCA	LOON LAKE SEWERAGE SYSTEM - TYPICAL MONITORING WELL	APPROVED	
SURVEY BY		SCALE	N.T.S.		MCA	
DRAWN BY		DWG NO.	3099.00202		DATE 4-11-84	



# WATER WELL REPORT FOR AN EXISTING WELL

## INSTRUCTIONS:

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<p><b>CURRENT USE:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal  <input type="checkbox"/> De Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other <u>MONITORING</u></p> <p><b>DIMENSIONS:</b> Diameter of well <u>2</u> inches          Depth of completed well <u>113.6</u> ft. if known</p> <p><b>CONSTRUCTION DETAILS</b>          Liner Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown          TYPE: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown          SIZE of perfs <u>1/2</u> in. by <u>1/2</u> in. and no. of perfs <u>10</u> from <u>93.6</u> ft. to <u>113.6</u> ft.</p> <p>Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's Name _____          TYPE: <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other          Diam. <u>2"</u> Slot Size <u>#10 or #20</u> from <u>93.6</u> ft. to <u>113.6</u> ft.</p> <p>Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown          Materials placed from <u>NATURAL FORMATION</u> ft to _____ ft.</p> <p>Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If known, to what depth <u>20</u> ft.          Materials used if known: <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement</p> <p>PUMP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mfr's Name _____          Type: _____ H.P. _____</p> <p><b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>2448</u> ft.          Static level <u>98.0</u> ft. below top of casing Date measured <u>7-6-84</u>          Artesian pressure _____ lbs per square inch Date measured _____          Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level.          Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy  <input checked="" type="checkbox"/> Unknown          Yield _____ gal/min with _____ ft drawdown after _____ hrs</p>	<p>Unique Ecology Well ID Tag No <u>A HJ-395</u>          Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>MU#5</u>          Property Owner Name <u>LOOK LAKE SEWER DIST #4</u>          Well Street Address <u>3963 Christensen Rd P.O. Box 98</u>          City <u>LOOK LAKE</u> County: <u>STEVENS</u>          Tax Parcel No. _____</p> <p><b>LOCATION</b>          An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office.          Sec. <u>27</u> Twn. <u>30N</u> R. <u>41E</u> <u>EW</u> circle or one WWM</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p style="text-align: right;">This square represents one section of land, which is approx 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p> <p><b>Latitude/Longitude NOTE: Section, Township, Range still REQUIRED</b>          Lat Deg <u>48</u> Lat Min/Sec <u>4'30"</u>          Long Deg <u>117</u> Long Min/Sec <u>37'30"</u>  <input type="checkbox"/> GPS <input type="checkbox"/> Survey  <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated</p> <p><b>Additional Information, if available:</b>  <input checked="" type="checkbox"/> Location marked on topographic map (please attach)  <input type="checkbox"/> Location marked on air photo (please attach)</p>	D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A														
E	F	G	H														
M	L	K	J														
N	P	Q	R														

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☐ Driller ☒ Engineer ☐ Property Owner ☐ Other

Name STEVE BURCHETT

Signature Steve Burchett

Driller License No. 2107

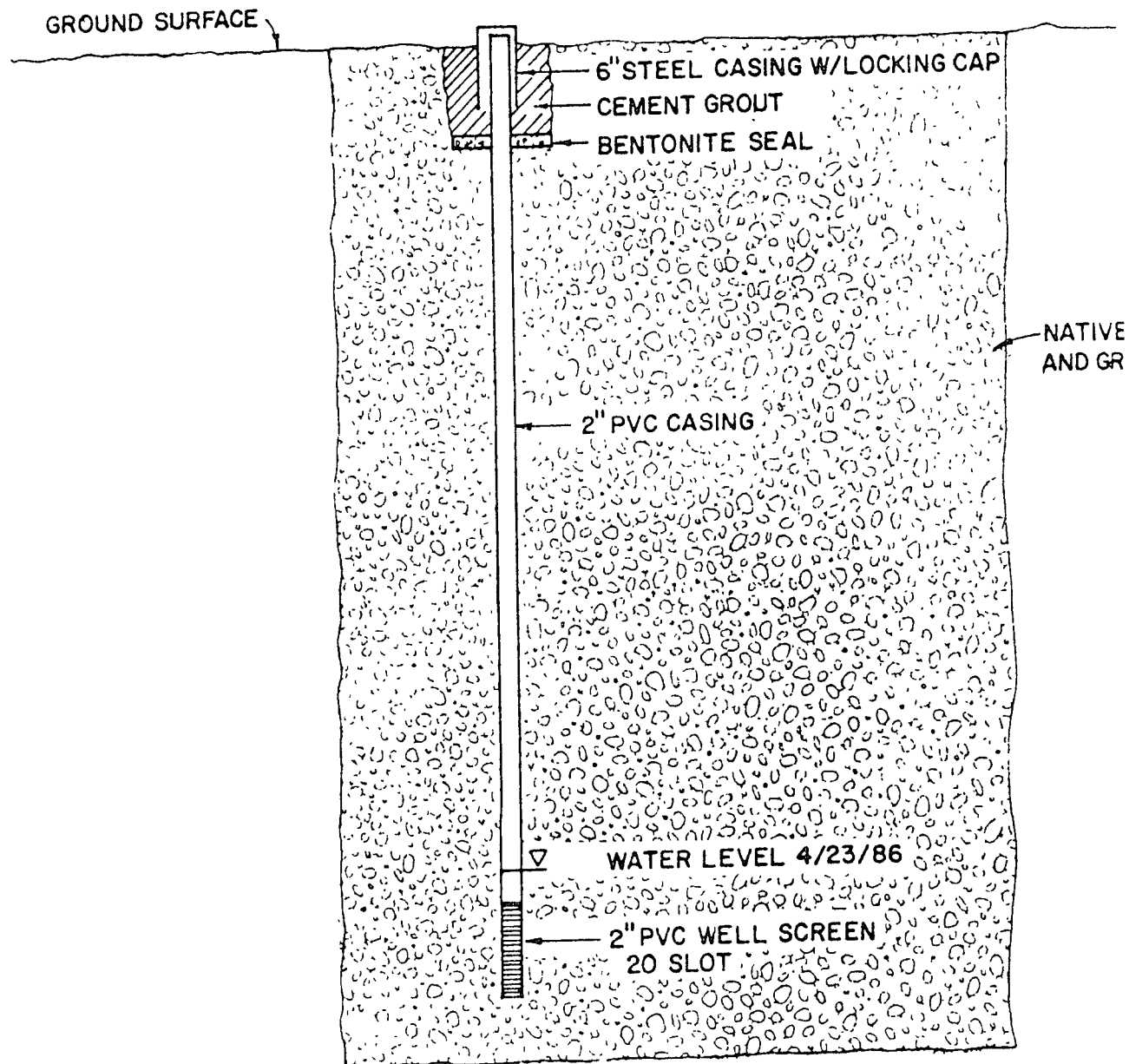
Date Signed 1-6-03

Drilling Company UNKNOWN

Address of person completing this form: BUDINGER & ASSOCIATES

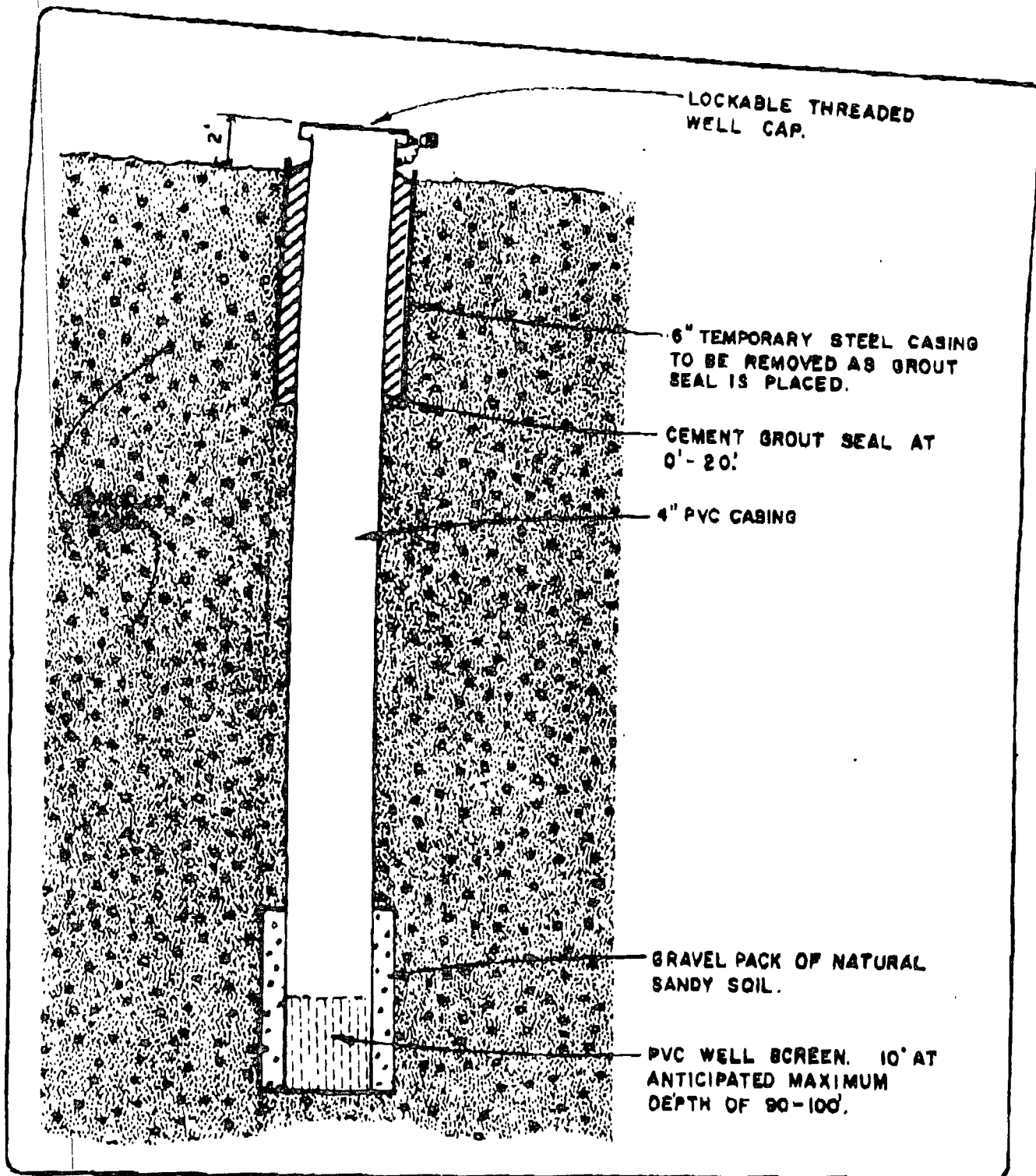
3820 E BROADWAY


City, State, Zip SPOKANE WA 99202

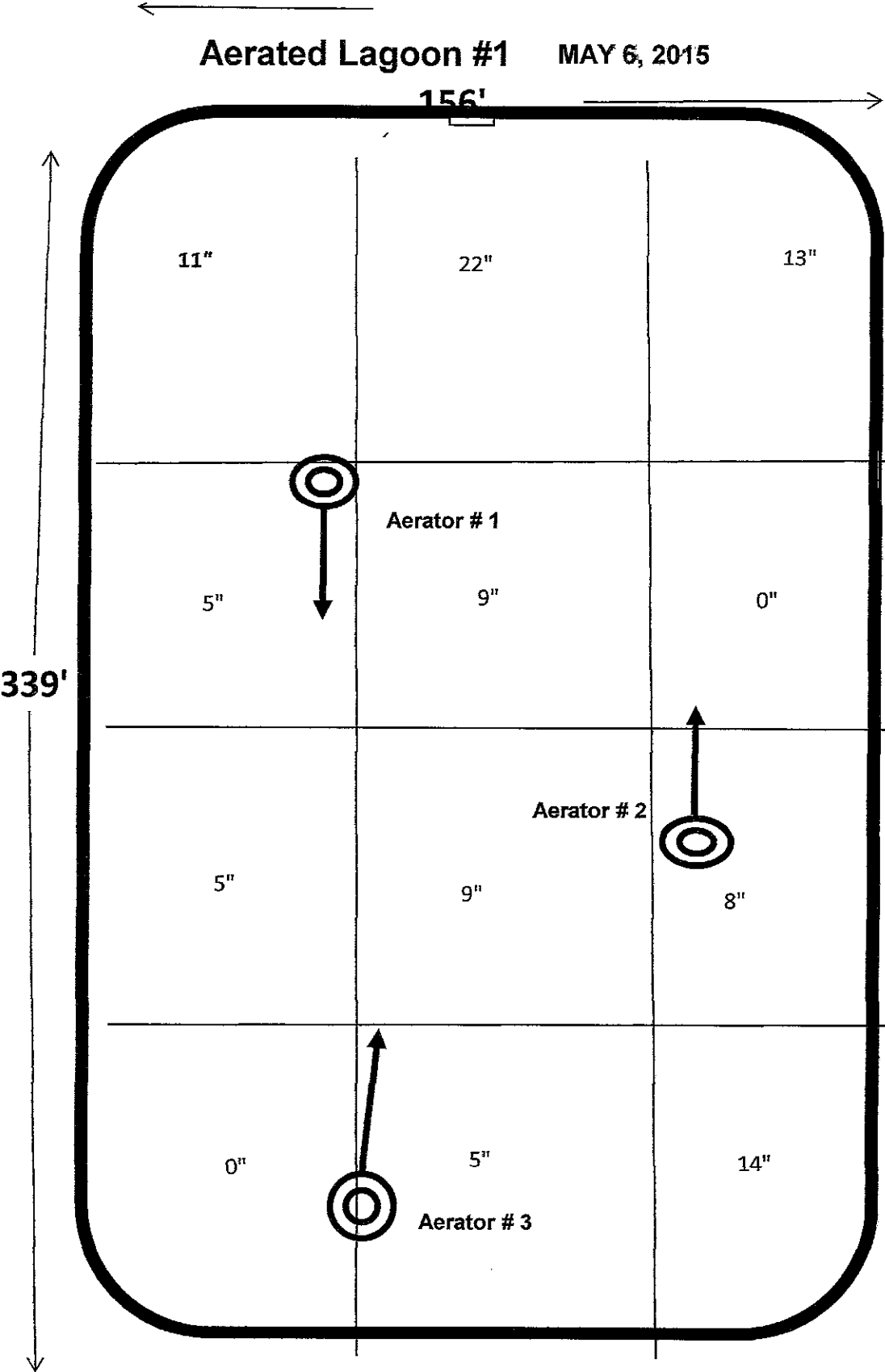


DESIGN BY	MCA	CHECKED BY	MCA	<b>LOON LAKE MONITORING WELL</b> <b>MW 5</b> <b>30099.002.01</b>	APPROVED	
SURVEY BY		SCALE	V: 1" = 20'		DATE	
DRAWN BY	DSP	DWG NO.			4-86	

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

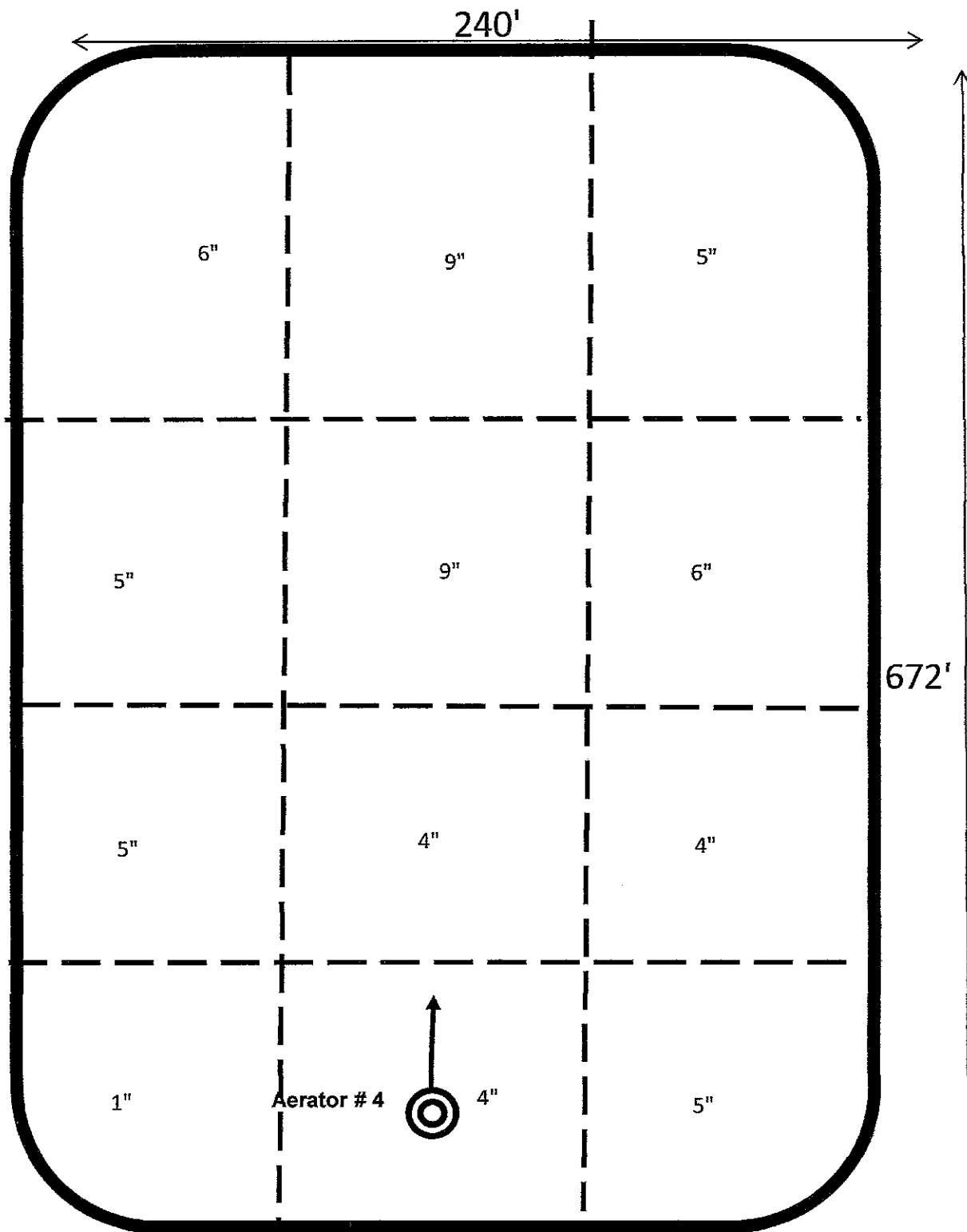


DESIGN BY	MCA	CHECKED BY	MCA	LOON LAKE SEWERAGE	APPROVED	
SURVEY BY		SCALE	N.T.S.	SYSTEM - TYPICAL	MCA	
DRAWN BY		DWG. NO.	3059.00202	MONITORING WELL	DATE 4-11-84	



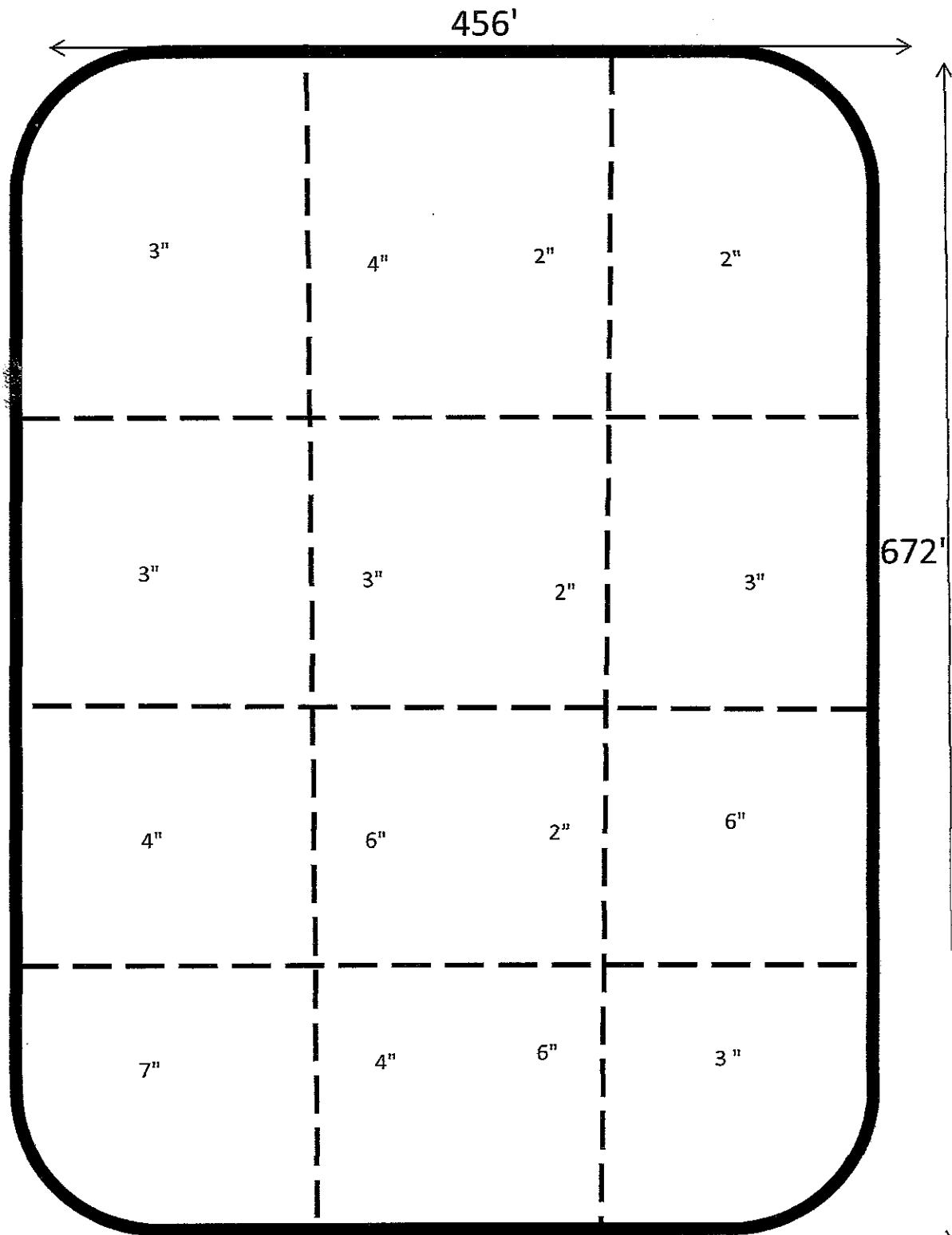
# Lagoon # 2

May 6 2015



# Lagoon # 3

May 6, 2015





# Lagoon # 4

May 6, 2015

