DEPARTMENT OF ECOLOGY
State of Washington

Water Resources Program
Observation Well Schedule

Well depth _____, dia. _____, Hp _____, Intake _____

Booster HP _____, Casing _____, Elev. _____ (Land Surface)

Water Right No. _____, Lat. _____ Long. _____

Power Meter No. _____, Flow Meter No. _____

Airline length below gage _____ (calc.) (rept.)

Well _____

County _____

Address _____

_____

Phone _____

Mp 1 _____ ft. (+) (-) LSD
Mp 2 _____ ft. (+) (-) LSD
Mp 3 _____ ft. (+) (-) LSD
Mp 4 _____ ft. (+) (-) LSD
Mp 5 _____ ft. (+) (-) LSD

Date	Air-line PSI	Tape or Airline Measurement		Water Level		Status	Mp	Meas. By	Remarks (Additional on Back)
		Length	Subm.	Below Mp	Below LSD				

Location and Instructions on Back

ECY 040-1-89 (Rev 03-2011) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

Date	Additional Remarks (changes to well location, meter number, flow/power meter reading, etc.)	