30/3E/9 D

RECEIVED
JUN 04 1991
DEPT. OF ECOLOGY

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No. 072671
Water Right Permit No.

(1) OWNER: Name CALLISON, PETE Address 2888 SW CAMANO DR CAMANO, WA 98292-

(2) LOCATION OF WELL: County ISLAND - NW 1/4 NW 1/4 Sec 9 T 30 N., R 3E WM
(2a) STREET ADDRESS OF WELL (or nearest address) SAME

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well (If more than one) 1
NEW WELL Method: ROTARY

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 200 ft. Depth of completed well 200 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Dia. from 0 ft. to 190 ft.
WELDED " Dia. from ft. to ft.
" Dia. from ft. to ft.

Perforations: 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
Manufacturer's Name
Type STAINLESS STEEL Model No.
Diam. 6 slot size from 190 ft. to 200 ft.
Diam. slot size from ft. to ft.

Gravel packed: NO Size of gravel
Gravel placed from ft. to ft.

Surface seal: YES To what depth? 18 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? NO
Type of water? Depth of strata ft.
Method of sealing strata off

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

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
Static level 133 ft. below top of well Date 05/24/91
Artesian Pressure lbs. per square inch Date
Artesian water controlled by

(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 in formation.

MATERIAL	FROM	TO
BROWN TOPSOIL	0	2
TAN CLAY	2	8
SAND	8	80
CLAY & SAND	80	160
FINE SILT	160	170
BLUE CLAY	170	178
DIRTY SAND	178	190
SAND & WATER	190	200

Work started 05/22/91 Completed 05/24/91

(9) 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 hrs.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level

Date of test / /
Bailer test gal/min. 56 ft. drawdown after hrs.
Air test 34 gal/min. w/ stem set at ft. for hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? YES

WELL CONSTRUCTOR 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 above are true to my best knowledge and belief.

NAME DAHLMAN PUMP & WELL DRILL
(Person, firm, or corporation) (Type or print)

ADDRESS PO BOX 422,BURLINGTON,WA

[SIGNED] Brian M Soule License No. 1810

Contractor's Registration No. DAHLMPW123LC Date 05/31/91

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

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NAME DAHLMAN PUMP & WELL DRILL
(Person, firm, or corporation) (Type or print)

ADDRESS PO BOX 422,BURLINGTON,WA

[SIGNED] Brian M Scully License No. 1810

Contractor's
Registration No. DAHLMPW123LC Date 05/31/91

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

OK

Unique Well Tag No: AKY 799

RECORD VERIFICATION (check one)

- [x] Well Report available *(please attach this form to the well report and submit it to the Ecology Regional Office near you)*
- [ ] Verification inconclusive
- [ ] Well Report not available

01149V 301

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name SEA SONG LANE, Last Name WATER SYSTEM

Street Address 14000 SE 50th

City Bellevue State WA 98006

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address Parcel 5742000-00-00023-1 Sea Song Lane and ~~West Camano Drive~~

City Camano Island County Island

T. 30 N R 3 E WM Sec 9 NE 1/4 of the NE 1/4

FOR AGENCY USE ONLY

Latitude _____ _____ _____ _____

Longitude _____ _____ _____ _____

- [ ] GPS
- [ ] Topographic Map
- [ ] Survey
- [ ] Computer generated

Elevation at land surface _____ feet/meters *(circle one)*

- [ ] Digital Altimeter
- [ ] Topographic Map
- [ ] Other _____

Additional information, if available.

- [ ] Location marked on topographic map *(please attach)*
- [ ] Location marked on air photo *(please attach)*

RECEIVED
APR - 4 2003
Department of Health
Div of Drinking Water

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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size of casing type of well housing, etc.)

Well in open field adjacent to pump house - 6 inch casing

or Well Identification Tag

tag strapped to well casing

plemental tag needed for ease of identifying well? ☐ Yes ☒ No

ere was tag placed?

C	B	A
F	G	H
L	K	J
P	Q	R

well

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

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

SECTION 9

ITS

DR ECOLOGY WATER RESOURCES PROGRAM ONLY

t# Date Issued

ne Application Permit Certificate Claim Exempt