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

ENTERED

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. U 165141
UNIQUE WELL I.D. # ACF673
Water Right Permit No. 31-3E-6M

(1) OWNER: Name Driftwood Shores Water System Inc 50 Camano Hill Rd

(2) LOCATION OF WELL: County Island - NW 1/4 SW 1/4 Sec 6 T. 31 N., R. 3 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Above.

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

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

(5) DIMENSIONS: Diameter of well 8 inches.
Drilled 468 feet. Depth of completed well 460 ft.

(6) CONSTRUCTION DETAILS:
Casing Installed: 8 " Diam. from +2.0 ft. to 399 ft.
Welded ☒ " Diam. from ft. to ft.
Liner installed ☐ " Diam. from ft. to ft.
Threaded ☐
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 Johnson
Type SS Model No.
Diam. Slot size See attached from to ft.
Diam. Slot size from ft. to ft.
Gravel packed: Yes ☒ No ☐ Size of gravel 16-20
Gravel placed from 380 ft. to 460 ft.
Surface seal: Yes ☒ No ☐ To what depth? 20 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 ft.
Static level 128 ft. below top of well Date 2/20/96
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? B+C/Geo Eng
Yield: 40 gal./min. with 133 ft. drawdown after 24 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 gal./min. with ft. drawdown after hrs.
Airtest gal./min. with stem set at ft. for hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

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 information.

MATERIAL	FROM	TO
Topsoil	0	2
Brown Silt w/gravel sand H_2O @ 65	2	70
Gray Silt/Sand w/gravel	70	150
Gray Clay/Silt w/sand	150	300
Gray silt fine Gravel w/fine-med Sand	300	330
Gray silt w/Layers of fine Sand w/H_2O	330	425
Gray Silt fine to Med Sand w/H_2O	425	

RECEIVED
MAR 21 1996
DEPT. OF ECOLOGY

Work Started 10/10/95, 19. Completed 2/26, 1996

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 B+C Well Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 888 Kelly Bellingham WA
(Signed) [signature] (WELL DRILLER) License No. 0085
Contractor's Registration No. BCWELD P097K2 Date 3/10, 1996

(USE ADDITIONAL SHEETS IF NECESSARY)

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ECY 050-1-20 (9/93)

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

47632

Unique Well Tag No: AGA 710 - 02

RECORD VERIFICATION (check one)

- [ ] 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

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: DRIFTWOOD SHORES W/S. INC Last Name:

Street Address: 20000.2

City: State:

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: END OF TRIANGLE COVE RD - UNMARKED

City: County:

T. N. R. W.M. Sec. 1/4 of the

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)*

State Dept of Health

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WELL CHARACTERISTICS

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

XPOSED 8" CASING W/GREEN CAP. ADJ. TO ROUND CONC.

ES., ELEC. BOX, C.LINK FENCE - GRAVELED.

UNMARKED RD

n of Well identification Tag:

upplemental tag needed for ease of identifying well? ☐ Yes ☐ No

where was tag placed?

C	B	A
F	G	H
L	K	J
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

ENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

ight # Date Issued

One: Application Permit Certificate Claim Exempt