29/03-17H
G1-22871

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. .....

(1) OWNER: Name Pioneer Park Address 812 NE 130th Seattle 98125

(2) LOCATION OF WELL: County Island SE ¼ NE ¼ Sec. 17 T. 29 N., R. 3E W.M.

Bearing and distance from section or subdivision corner 300' N & 770' W of E ¼ Cor Sec 17

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

38 lots & school

(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 6 inches.
Drilled 245.7 ft. Depth of completed well 245 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 235 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 Stainless steel Model No. ....
Diam. ... Slot size 10 from 235 ft. to 240 ft.
Diam. ... Slot size 10 from 240 ft. to 245 ft.

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

Surface seal: Yes ☒ No ☐ To what depth? ... ft.
Material used in seal ....
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. 2

(8) WATER LEVELS: Land-surface elevation above mean sea level .... 200 ± ft.
Static level ... ft. below top of well Date ....
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 ... gal./min. with ... ft. drawdown after ... 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
Top Soil	0	8
Fine Sand with water	8	70
Fine Sand and Clay	70	155
Dry Medium Sand	155	185
Fine Sand with water	185	213
Dry Clay	213	230
Fine water Sand	230	235
Coarse water Sand	235	245

Info copied from log 1/17 driller's list 11/2/77

Approx - I 10

Work started late Summer, 19 72 Completed late Summer, 19 72

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 B & W Drilling Co. (Person, firm, or corporation) (Type or print)
Address PO Box 55 Freeland 98249

[Signed] ....
(Well Driller)

License No. ... Date ..., 19...

(USE ADDITIONAL SHEETS IF NECESSARY)

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

501 677170

Unique Well Tag No: AGA988

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 PIONEER PK W S Last Name

Street Address

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address BOOKWOMAN Rd / PIONEER PK LN

City County

T N R WM 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 Health

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WELL CHARACTERISTICS

sical Description of well (size of casing type of well housing etc)

' CASING INSIDE (3' x 5' x 3') HOUSE - CINDER BLOCK BOTTOM

REEN PANEL TOP SLOPED ROOF COVERED W/ GALVANIZED

METAL ROOF

ation of Well Identification Tag

CASING

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

s where was tag placed?

D	C	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

MMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # Date Issued

e One Application Permit Certificate Claim Exempt