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

(28/03-14G)
Application No

Permit No. .....

(1) OWNER: Name POSSESSION SHORES INC. Address P.O. BOX 232 CLINTON WA 98236

(2) LOCATION OF WELL: County ISLAND — SW ¼ NE ¼ Sec. 14 T. 28 N., R. 3E W.M.

Bearing and distance from section or subdivision corner 100' NORTH / 800 EAST FROM CENTER SEC 14

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

(4) TYPE OF WORK: Owner's number of well (if more than one) #2

New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 120 ft. Depth of completed well 110 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 105 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 COOK
Type SS Model No.
Diam. 6 Slot size 6 from 105 ft. to 110 ft.
Diam. Slot size from ft. to ft.

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

Surface seal: Yes ☒ No ☐ To what depth? 40 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 STA-RITE
Type: SUB H.P. 3

(8) WATER LEVELS: Land-surface elevation above mean sea level 180 ft.
Static level 39 ft. below top of well Date 11-77
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? DRILLER
Yield: 25 gal./min. with 31 ft. drawdown after 5 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	1
BR. GRAVEL	1	6
GR SAND + CLAY	6	63
GR FINE SAND + CLAY W. water	63	78
GRAY CLAY	78	79
GRAY FINE SAND + CLAY W. water	79	106
GRAY FINE SAND W WATER	106	109
GRAY CLAY + SAND	109	120

Work started 11-1, 19 77 Completed 11-14, 19 77

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 P.O. BOX 55 FREELAND WA 98249

[Signed] Joseph H Rhm (Well Driller)

License No. 264 Date 11-15, 19 77

(USE ADDITIONAL SHEETS IF NECESSARY)

CY 050-1-20

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

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

UNIQUE WELL I.D. NUMBER A B R 4 2 3
X Y Z 1 2 3

WELL TAGGING FORM

Date of Field Visit 8/8/94 By E. HUNTINGTON

ADDITIONAL WELL IDENTIFIERS

Department of Health System ID Number 69020 Source Number SO 2

USGS Site Identification See MAP

RECORD VERIFICATION

- [x] Well Report available *(please attach)*
- [ ] Well Report not available
- [ ] Verification inconclusive

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

Name _____

Street address _____

City Clinton State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____

City _____ County _____

T.____N. R.____ ___ WM Sec.____ ____¼ of the ____¼

Latitude ____° ____' ____"

Longitude ____° ____' ____"

- [ ] GPS (raw data)
- [ ] GPS (corrected)
- [ ] Topographic Map
- [ ] Survey
- [ ] Computer generated
- [ ] Other _____

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

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

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Additional information, if available:

☑ Location marked on topographic map *(please attach)*

☐ Location marked on air photo *(please attach)*

* Water Right # See attached note Priority Date _____

Circle one: Application Permit Certificate Claim Exempt

WELL CHARACTERISTICS

Physical Description of Well (size of casing, type of well, housing, etc.): _____

Location of Well Identification Tag: _____

Was Supplemental Tag needed for ease of identifying well?
☐ NO ☐ YES

If yes, where was tag placed? _____

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

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

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

SECTION _____

COMMENTS: WA. State Dept of Ecology
Now on well # 2 is ABR 423

Please attach this form to the Well Report and submit it to the Department of Ecology Water Resources Program Headquarters, Well Identification Program, P.O Box 47600, Olympia, WA 98504-7600

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Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name STA-RITE
Type SUB H.P 3

(8) WATER LEVELS: Land-surface elevation above mean sea level 150 ft
Static level 39 ft below top of well Date 11-77
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? DAVILER
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GR SAND & CLAY	6	53
GR FINE SAND & CLAY W WATER	53	78
GRAY CLAY	78	79
GRAY FINE SAND W WATER	79	106
GRAY FINE SAND W WATER	106	109
GRAY CLAY & SAND	109	120

Possession Shores Inc
W.D. # 69030

The original note is #8528, Volume 15, Page 7062-A and is confirmed by the Dept of Ecology The original permit owner was Robert Tribou The above Water Rights and Usage were relinquished in August 1979, (Document #358084) and various Quit Claim Deeds are filed in the county offices and in our Possession Shores safety deposit box.
**** **** ****

Work started 11-1, 19 77 Completed 11-14, 19 77

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 BOW DRILLING CO. (Person, firm, or corporation) (Type or print)

Address P.O. BOX 55 FREELAND WA 98249

[Signed] [signature] (Well Driller)

License No 264 Date 11-15, 19 77

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

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