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

WATER WELL REPORT

STATE OF WASHINGTON

31/03-32D Application No. GI-23225

Permit No.

(1) OWNER: Name Hovik, Saponaro, Martin, Hooper Address P.O. Bx 190 Camano Is. 98292

(2) LOCATION OF WELL: County Island SE¼ NW¼ NW¼ Sec. 32 T. 31 N., R. 3E W.M.

Bearing and distance from section or subdivision corner see attached well legal (974' E & 979' S OF NW¼ SEC 32

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

(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 8 inches.
Drilled 356 ft. Depth of completed well 356 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 8 Diam. from 0 ft. to 341 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 Johnson
Type SS Model No. 304
Diam. 6 Slot size 18 from 341 ft. to 346 ft.
Diam. 6 Slot size 25 from 346 ft. to 356 ft.

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

Surface seal: Yes ☑ No ☐ To what depth? 20 ft.
Material used in seal bentonite-mud
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 259 ft.
Static level 259 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? driller
Yield: 210 gal./min. with 18 ft. drawdown after 4 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
000	277				
001	259				

Date of test 6/26/79
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 50 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
Clayey gravel	0	10
sand	10	160
clayey sand	160	212
sand & gravel	212	258
gravel & water	258	272
blue clay	272	338
med sand & water	338	356

Work started 6/13 1979 Completed 7/26 1979

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 Kounkel Well Drilling (Person, firm, or corporation) (Type or print)

Address 797 N Smith Rd Camano Is. 98292

[Signed] A. L. Kounkel (Well Driller)

License No. 0241 Date 7/11 1979

(USE ADDITIONAL SHEETS IF NECESSARY)

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA695 09310 S01

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: Elgerwood Maint Assn Last Name:

Street Address: 09131-0

City: State:

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: DRIVEWAY JUST PAST 472 IRIS CO

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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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

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

8" CASING INSIDE GREY, GABLED PH (~25x20x12) - ADJ TO OCTAGONAL WELL HOUSE - SITE ~~AT~~ NEXT TO HOUSE

cation of Well identification Tag:

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

es, 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

er Right # Date Issued

le One: Application Permit Certificate Claim Exempt