File Original and First Copy with the Division of Water Management
Second Copy — Owner's Copy
Third Copy — Driller's Copy

SKYLINE WEST WELL

WATER WELL REPORT

STATE OF WASHINGTON

30/02-36 C
Application No.

30/2E/36/C

Permit No.

(1) OWNER: Name E. K. Knutson Address 17240 - 15th NW, Seattle, WA 98177

(2) LOCATION OF WELL: County ISLAND — NE ¼ NW ¼ Sec. 36 T. 30 N., R. 2E W.M.

Bearing and distance from section or subdivision corner 610 South & 280 Ft West Fm the NW NE Cor. NW1/4

(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 385 ft. Depth of completed well 385 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 8" Diam. from 0 ft. to 370 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 COCK
Type STAINLESS STEEL Model No.
Diam. 8 Slot size 10 from 370 ft. to 385 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? 1 ft.
Material used in seal CONCRETE
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name Gould
Type: Submersible 230V UD66LM32 H.P. 15

(8) WATER LEVELS: Land-surface elevation above mean sea level 350 ft.
Static level 317 ft. below top of well Date 11-1968
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: 40 gal./min. with 350 ft. drawdown after 4 hrs.
" " 7' " "
" " " "

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
HARD PAN & ROCKS GREY	0	42
SAND FINE WATER 2 GPM	42	45
HARD PAN & CLAY GREY	45	84
SAND FINE DRY	84	100
HARD PAN "	100	136
CLAY HARD PACKED "	136	146
SAND MED WATER 100 GPM	146	150
CLAY SOFT	150	152
SAND FINE DRY	152	191
SAND MED "	191	210
SAND COARSE "	210	250
CLAY SANDY "	250	270
CLAY HARD PACKED "	270	298
SAND SILT "	298	318
SAND & CLAY "	318	321
SAND CLAY & SILT "	321	341
SAND CLAY & SILT 3 WATER	341	348
SAND MED 9 "	348	354
SAND FINE & SILT 16 "	354	361
SAND MED 35 "	361	380
SAND COARSE 40 "	380	385
SAND CLAY & SILT	385	—

Work started 11, 19 15 Completed 11, 19 15

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, WASH 98249

[Signed] [illegible] (Well Driller)

License No. 273-02-7416 Date 8-19, 1972

(USE ADDITIONAL SHEETS IF NECESSARY)

S. F. No. 7356—OS—(Rev. 5-69)—5-69.

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

S01

Unique Well Tag No: AGA 848

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: SKYLINE WEST COM CLUB 80212-T Last Name:

Street Address:

City: State:

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: CORNER OF NAUTILUS / SKYLINE

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)*

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WELL CHARACTERISTICS

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

8" CASING - HOUSED IN A WOOD (PANELING) HOUSE PAINTED WHITE/BLUE ROOF ROOF OF WOOD/SIDING AND (N/12'-14') FIRE HYDRANT WEST.

cation of Well identification Tag:

BASIN

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