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**

29/03 - 13 E
Application No. .....

Permit No. .....

**(1) OWNER:** Name Denny Smith Address Langley Rd / Langley, Wash.

**(2) LOCATION OF WELL:** County Island — SW ¼ NW ¼ Sec. 13 T. 29 N., R. 3E W.M.

Bearing and distance from section or subdivision corner 1450' S 400 E of NW cor. Sec 13

**(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 6 inches.
Drilled 195 ft. Depth of completed well 195 ft.

**(6) CONSTRUCTION DETAILS:**

**Casing installed:** 6 " Diam. from 0 ft. to 192 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 Stainless Steel Model No. .....
Diam. 6 Slot size 6 from 192 ft. to 195 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? 30 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. 1½

**(8) WATER LEVELS:** Land-surface elevation above mean sea level .... 250 ft.
Static level 172' 8" ft. below top of well Date 4/78
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: 11 gal./min. with 20 ft. drawdown after 1 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 |
|---|---|---|
| Sand Br | 0 | 10 |
| Hard pan | 10 | 15 |
| Sand Grey | 15 | 65 |
| Fine Sand Grey W.W. | 65 | 75 |
| Clay Blue | 75 | 88 |
| Sand & Clay Blue | 88 | 135 |
| Sand (Fine) Blue | 135 | 160 |
| Sand (med) Blue | 160 | 175 |
| Sand Fine Blue W.W. | 175 | 195 |
| Sand & Clay fine | 195 | ??? |

Work started 3/25, 19 78 Completed 4/7, 19 78

**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 98249

[Signed] James Miller E. Lehman (Well Driller)

License No. 0263 Date 4/7, 1978

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

02761 501

# Well Tagging Form

OK

WASHINGTON STATE DEPARTMENT OF ECOLOGY

*Unique Well Tag No:* AKY 719

## RECORD VERIFICATION (check one)

- [x] 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 EASTVIEW W.S. Last Name

Street Address

City State

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 5700 Wilkinson Rd

City LANGLEY 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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