29/03-05G

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. G1-24603

Permit No. ....

(1) OWNER: Name Bud Collender Address 5000 S. BAYVIEW Rd. LANGLEY

(2) LOCATION OF WELL: County Island — SW ¼ NE ¼ Sec. 5 T 29 N., R 3 E W.M.

Bearing and distance from section or subdivision corner 875 N by 750 E of Center point of Sec 5

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

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 220 ft. Depth of completed well 220 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 205 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 Stain-Steel Model No. .....
Diam. 6" Slot size 10 from 205 ft. to 220 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? 20 ft.
Material used in seal Pudding Clay
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 .... 100 ft.
Static level 131 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: 35 gal./min. with 3 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

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	0	5
Hard Pan	5	24
Sand	24	31
Clay Blue	31	43
Clay & Sand Blue	43	65
Fine Sand	65	84
Sand & Clay	84	92
Clay	92	113
Sand Brown	113	138
Fine Sand / Water	138	160
C. Sand / Water	160	

JAN 8 1979

Work started 11/15, 1979 Completed 11/30, 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 B&W Well Drilling (Person, firm, or corporation) (Type or print)

Address P.O. Box 55, Freeland WN. 982

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

License No. 263 Date 12/26, 1979

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

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

959412 02

Unique Well Tag No: AGA791

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 WHEEL EST PK Last Name

Street Address

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address NEXT TO #4935

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)*

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WELL CHARACTERISTICS

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

6" CASING IN CONCRETE PIPE W/ROUND WOOD LID W/HANDLES ROUND

~70' FROM OTHER SOURCE. CONCRETE RES. & CINDER BLOCK P.H.

ON SITE - IN HEAVY WOODS

ocation of Well Identification Tag

CABINE

'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

r Right # _____ Date Issued _____

e One Application Permit Certificate Claim Exempt