Well tag id: ALT153
29/026-09

Start Card No. [redacted]

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

Water Right Permit No. _____

(1) OWNER: Name Bob Windecker Address PO, 100 CLINTON WA 98236

(2) LOCATION OF WELL: County ISLAND SE ¼ NW ¼ Sec. 9 T. 29 N., R. 2E W

(2a) STREET ADDDRESS OF WELL (or nearest address) Mutity Bay Rd, Freeland WA

(3) PROPOSED USE: [X] Domestic [ ] Irrigation [ ] DeWater Industrial [ ] Test Well [ ] Municipal [ ] Other [ ]

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
Abandoned [ ] New well [X] Deepened [ ] Reconditioned [ ]
Method: Dug [ ] Cable [X] Rotary [ ] Bored [ ] Driven [ ] Jetted [ ]

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 106 feet. Depth of completed well 106 ft.

(6) CONSTRUCTION DETAILS:
Casing Installed: 6 " Diam. from 0 ft. to 100½ ft.
Welded [X] " Diam. from ____ ft. to ____ ft.
Liner Installed [ ] Threaded [ ] " Diam. from ____ ft. to ____ ft.

Perforations: Yes [ ] No [X]
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 [X] No [ ]
Manufacturer's Name COOK
Type STAINLESS Model No. 304
Diam. 6 Slot size 10 from 101 ft. to 106 ft.
Diam. ____ Slot size ____ from ____ ft. to ____ ft.

Gravel packed: Yes [ ] No [X] Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes [X] No [ ] To what depth? 18 ft.
Material used in seal CLAY
Did any strata contain unusable water? Yes [ ] No [X]
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 _____ ft.
Static level 50 ft. below top of well Date APR 90
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 [X] If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ 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 20 gal./min. with 20+ ft. drawdown after 2 hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes [ ] No [X]

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTIO

Formation: Describe by color, character, size of material and structure, and sh thickness of aquifers and the kind and nature of the material in each stratum penetrat with at least one entry for each change of information.

MATERIAL	FROM	TO
HARD PAN	0	65
DIRTY SAND	65	97
WATER SAND mix	97	106

RECEIVED
APR 5 1990
DEPT. OF ECOLOGY

RECEIVED
FEB 26 2008
DEPT OF ECOLOGY

Work started APR 1 90, 19. Completed APRIL, 19

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this and its compliance with all Washington well construction stand Materials used and the information reported above are true to my knowledge and belief.

NAME WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRIN
Address OAK HARBOR 98277
(Signed) [signature] (WELL DRILLER) License No. 129
Contractor's Registration No. WHIDBEY DRILL Date APR, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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

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Address OAK HARBOR 98277
(Signed) [signature] (WELL DRILLER) License No. 129
Contractor's Registration No. WH 285 MM Date APR 90

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329-