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

Old Well

Well # 29/2-23 K03

Dept. of Ecology 459-6003
NW Dist Office
Redmond
885-1900
Gavin

STATE OF WASHINGTON
DEPARTMENT OF CONSERVATION
DIVISION OF WATER RESOURCES

WELL LOG

Cert. 5608

Record by Driller

Source Driller's Record

Location: State of WASHINGTON

County Island

Area

Map

NW ¼ SE ¼ sec 26 T. 29 N., R. 2 E.

should be 23 HP

Diagram of Section

Drilling Co. Island Well Drilling Company

Address Freeland, Washington 98249

Method of Drilling Cable Date April 16, 1964

Owner Bayview Beach Water District

Address Freeland, Washington 98249

Land surface, datum ft. above/below

SWL: 110' Date May 20, 1964 Dims 8" x146'6"

29/2E-23K
File number

Correlation	Material	From (feet)	To (feet)
	(Transcribe driller's terminology literally but paraphrase as necessary, in parentheses. If material water-bearing, correlate and record static level if reported. Give depths in feet below land-surface datum unless otherwise indicated. Correlate with stratigraphic column, if feasible. Following log of materials, list all casings, perforations, screens, etc.)		
	Domestic and irrigation use		
	Hardpan, sandy	0	75
	Sand, dry	75	116
	Sand, wet	116	146.6
	Clay and mud	146.6	END
	Casing: 8" from 0 to 123'		
	Screened from 131 to 146.6		
	125 to 131'		
	Surface sealed with grout slurry to depth of 32'		
	Yield: 200 gpm with 8' dd after 8 hrs.		
	Recovery time 3 min. after each test.		
	Date of test: May 20, 1964		
	Bailer test: 30 gpm with 0' dd after 4 hrs.		
	Pump: 7½ h.p. Deming turbine		

Turn up

Sheet ___ of ___ sheets

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA906

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

SRC#1

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name BAYVIEW BEACH W DIST 05535 Last Name

Street Address

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address TOP OF HILL @ SHORE Rd / DOUBLE BLUFF

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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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

/sical Description of well (size of casing type of well housing etc.)

3" CASING BELOW GROUND (~4') INSIDE CONCRETE PIPE

WITH METAL LID W/ HINGES WHICH IS PAINTED GREEN

ADJACENT TO SRC #5 AND RES

ation of Well identification Tag

CASING

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

s 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