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 G1-2279
Permit No

(1) OWNER: Name Tyee Beach Improvement Club Address

(2) LOCATION OF WELL: County Island Govt. Lot 1 in SW ¼ SW ¼ Sec 11 T 30 N R 3E W
Bearing and distance from section or subdivision corner Approx. 960 ft. N & 45-50 ft E of Sec Cor. Common to Section 10, 11, 14 & 15, Twp. 30 N. R. 3 E WM. - SW COR SEC 11)

(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 268 ft. Depth of completed well 268 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: ____" Diam from ____ ft. to ____ ft.
Threaded ☐ ____" Diam. from ____ ft. to ____ ft.
Welded ☒ 6" Diam from +1 ft. to -258 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 Johnson
Type Stainless Steel Model No. 304
Diam. 6 Slot size 14 from 258 ft. to 263 ft
Diam. 6 Slot size 20 from 263 ft. to 268 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel
Gravel placed from ____ ft. to ____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 21 ft.
Material used in seal Cement Grout
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? ____ Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name FLINT & WALLING
Type Submersible H.P. 5

(8) WATER LEVELS: Land-surface elevation above mean sea level 200 ft
Static level 220 ft. below top of well Date 7-22-77
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?
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 10 gal/min with 0 ft drawdown after 4 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, a show thickness of aquifers and the kind and nature of the material in ea stratum penetrated, with at least one entry for each change of formatic

MATERIAL	FROM	TO
Gravel & sand	0'	4'
sand	4'	12'
sandy clay	12'	48
sand & gravel	48'	19
clay	192'	23
Hardpan	236'	23
sandy clay	239'	24
water sand (medium)	248'	26

TYEE BEACH 2 WATER ASSOCIATION PWS 35671 SRC 01
ISLAND Long 122 397911 Lat 48 096439
Well Tag AAF243

per Qual TBH 12/2/77

Work started 7-7, 1977 Completed 7-29, 19

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report true to the best of my knowledge and belief

NAME RADKE WELL DRILLIN (Person firm or corporation) (Type or print)
Address 1632 McCorquodale Rd. Mt Ver
[Signed] R. O. Radke (Well Driller)
License No 0417 Date 7-31, 19

USE ADDITIONAL SHEETS IF NECESSARY)

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

M

Unique Well Tag No: ~~AGA688~~ AAF 243 35671/501

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 TYEE BEACH #2 Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 3149 E CAMANO

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.)

6" CASING INSIDE GREEN P.H. W/SLOPED ROOF. MADE OF WOOD PANELING - ADJ TO SECOND GREEN HOUSE W/SQUARE CONC PRES CHAIN LINK FENCE

ocation of Well Identification Tag

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