28-3E-2M

WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle) 152948

(X) Construction

( ) Decommission *ORIGINAL CONSTRUCTION Notice of Intent Number* _____

CURRENT Notice of Intent No. W177664

Unique Ecology Well ID Tag No. ALA 559

Water Right Permit No. _____

Property Owner Name Donald M. Olsen

Well Street Address Glendale Rd

City Clinton County: Island

Location NW 1/4- 1/4 SW 1/4 Sec 2 Twn 28N R 3 (EWM) or WWM *circle one*

Lat/Long: (s,t,r still REQUIRED) Lat Deg _____ Lat Min/Sec _____ Long Deg _____ Long Min/Sec _____

Tax Parcel No. R32828-261-1000

PROPOSED USE: [X] Domestic [ ] Industrial [ ] Municipal [ ] DeWater [ ] Irrigation [ ] Test Well [ ] Other _____

TYPE OF WORK: Owner's number of well (if more than one) _____

[X] New Well [ ] Reconditioned [ ] Deepened

Method: [ ] Dug [ ] Bored [ ] Driven [X] Cable [ ] Rotary [ ] Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 240 ft.

Depth of completed well 240 ft.

CONSTRUCTION DETAILS

Casing Installed: [ ] Welded 6" Diam. from +1.5 ft. to 235 ft.

[ ] Liner installed _____" Diam. from _____ ft. to _____ ft.

[ ] Threaded _____" Diam. from _____ ft. to _____ ft.

Perforations: [ ] Yes [X] No

Type of perforator used _____

SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: [X] Yes [ ] No [X] K-Pac Location 234 FT

Manufacturer's Name _____

Type Stainless Model No. Tele

Diam. 6 Slot Size 15 from 235 ft. to 240 ft.

Diam. _____ Slot Size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: [ ] Yes [X] No [ ] Size of gravel/sand _____

Materials placed from _____ ft. to _____ ft.

Surface Seal: [X] Yes [ ] No To what depth? 18 ft

Materials used in seal Bentonite

Did any strata contain unusable water? [ ] Yes [X] No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

PUMP: Manufacturer's Name _____

Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level 250 ft.

Static level 209 ft. below top of well Date _____

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (cap, valve, etc.)

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.

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

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 2 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 [X] No

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Brown- Sand- Gravel	0	5
Hardpan	5	59
Gravel	59	64
Gravely clay	64	86
Gray Silty sand	86	142
Sandy clay	142	186
Brown comp Gravel	186	225
Brown water sand	225	240
Well meets all ISL County set backs and is inspected by Island county health Dept		

RECEIVED AUG 02 2004 DEPT OF ECOLOGY

Start Date 6-29 04 Completed Date 7-7-04

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

[X] Driller [ ] Engineer [ ] Trainee Name (Print) B. Boonstra

Driller/Engineer/Trainee Signature Gilf Boonstra

Driller or Trainee License No. 0038

Drilling Company WHIDBEY WELL DRILLERS

Address 716 Holbrook Rd

City, State, Zip Coupeville WA 98239

Contractor's Registration No. WHIDBWD 971LT Date 7-7-04

If trainee, licensed driller's Signature and License no. _____

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