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

#1 CWA

WATER WELL REPORT
STATE OF WASHINGTON

First Copy — Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

Application No
Permit No

(1) OWNER Name Address

(2) LOCATION OF WELL County — ¼ ¼ Sec T N R W M
Bearing and distance from section or subdivision corner

(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 8 inches
Drilled 206 ft. Depth of completed well 206 ft.

(6) CONSTRUCTION DETAILS

Casing installed: Threaded ☐ Diam from ft. to ft.
Welded ☑ 8" Diam from 0 ft. to 196 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 Red brass Model No.
Diam 8 Slot size 14 from 196 ft. to 201 ft.
Diam 8 Slot size 60 from 201 ft. to 206 ft.

Gravel packed Yes ☐ No ☑ Size of gravel
Gravel placed from ft. to ft.

Surface seal Yes ☑ No ☐ To what depth? 10 ft.
Material used in seal Mud
Did any strata contain unusable water? Yes ☐ No ☑
Type of water? Depth of strata
Method of sealing strata off

PUMP Manufacturer's Name Peerless
Type Sub H.P. 20

WATER LEVELS Land surface elevation above mean sea level 148 ft.
Static level 148 ft. below top of well Date 9/7/52
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? Owner
Yield: 175 gal./min. with 17 ft. drawdown after 32 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 Sept 4 1952
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 50 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
fine sand	0	103
Coarse sand	103	124
yellow clay	124	127
gravel	127	143
Clayey gravel	143	147
Sand (little gravel)	149	152
fine sand	152	179
Coarse sand	179	195
Coarse sand	195	206
Pump set at 195'		

Work started Aug 11 1952 Completed Sept 4 1952

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 Kounkel Well Drilling (Person, firm, or corporation) (Type or print)

Address 797 No Smith Rd Camano Is Wa 98282

[Signed] A. G. Kounkel (Well Driller)

License No 247 Date 7/30, 1976

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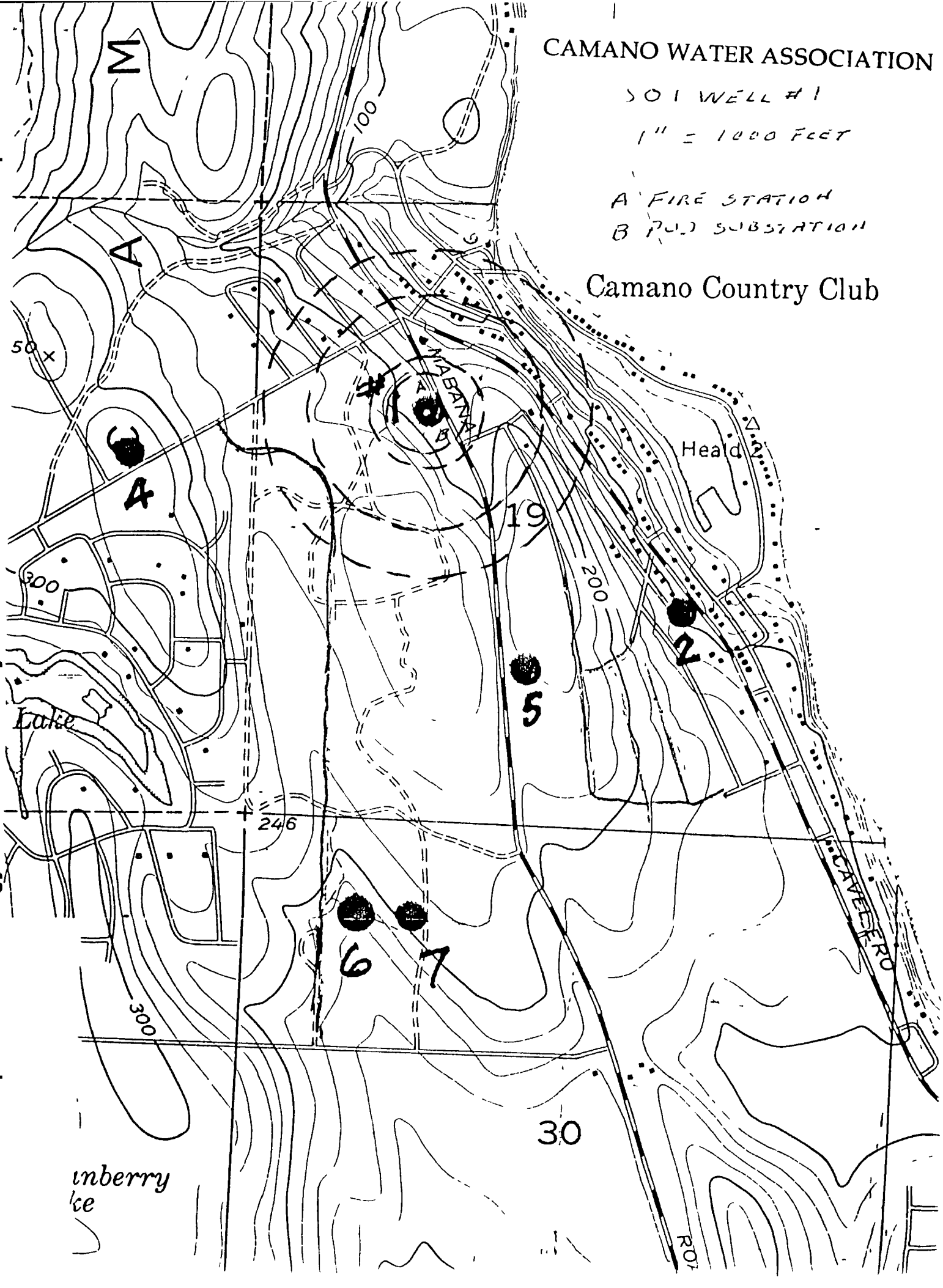

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

UNIQUE WELL I D NUMBER A B R 3 7 1
X Y Z 1 2 3

WELL TAGGING FORM

Date of Field Visit 7/29/94 By M. O'Toole

ADDITIONAL WELL IDENTIFIERS

Department of Health System ID Number 107507 Source Number SO 1

USGS Site Identification _____

RECORD VERIFICATION

- ☒ Well Report available *(please attach)*
- ☐ Well Report not available
- ☐ Verification inconclusive

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

Name Camano Water Association

Street address 81 Monticello

City Camano Island State WA 98292

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 1332 S. Elger Bay Road

City Camano Island County Island

T 31 N R 3 E WM Sec 19 SE ¼ of the NW ¼

1600 Feet East and 1900 Feet South, NW Corner Sec 19

Latitude _____ ° _____ ' _____ "

Longitude _____ ° _____ ' _____ "

- ☐ GPS (raw data)
- ☐ GPS (corrected)
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Other _____

Elevation at land surface ~~418~~ 175 feet/meters *(circle one)*

- ☐ Digital Altimeter
- ☒ Topographic Map
- ☐ Other _____

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Additional information, if available

☒ Location marked on topographic map *(please attach)*

☐ Location marked on air photo *(please attach)*

Water Right # G1-00513 Priority Date 7/29/63

Circle one Application Permit (Certificate) Claim Exempt

WELL CHARACTERISTICS

Physical Description of Well (size of casing, type of well, housing, etc) 8" casing, 206 ft Deep, 20HP, 220V Submersible Pump

Location of Well Identification Tag South Wall of pump house by hour meter

Was Supplemental Tag needed for ease of identifying well?
☒ NO ☐ YES

If yes, where was tag placed? _____

Scale 1 24,000 (1"=2,000')

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Indicate the location of the well within the Section by drawing a dot at that point

SECTION 19

COMMENTS: _____

Please attach this form to the Well Report and submit it to the Department of Ecology Water Resources Program Headquarters, Well Identification Program, P O Box 47600, Olympia, WA 98504-7600