30-2E-10R

Please print, sign and return to the Department of Ecology

Water Well Report

Original – Ecology, 1st copy – owner, 2nd copy – driller

Construction/Decommission 162227

[X] Construction

[ ] Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

Current Notice of Intent No. W 178860

Unique Ecology Well ID Tag No. ALA 590

Water Right Permit No. _____

Property Owner Name JORGE A. GARCIA

Well Street Address NORHT BLUFF Rd

City GREENBANK County ISLAND

Location SE 1/4-1/4 SE 1/4 Sec 10 Twn 30 R 2 EWM or WWM [X] circle one

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

Tax Parcel No. _____

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 180 ft.

Depth of completed well 180 ft.

CONSTRUCTION DETAILS

Casing Installed: [X] Welded 6" Diam. from +1.5 ft. to 170 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 169

Manufacturer's Name _____

Type Stainless Model No. Telc

Diam. 6 Slot size 10 from 175 ft. to 180 ft.

Diam. 6 Slot size 12 from 170 ft. to 175 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? 20+ ft.

Material 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 150 ft.

Static level 132 ft. below top of well Date 12-23-04

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 [X] 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 3 ft. drawdown after 1 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
GREY HARDPAN	0	98
compact sand	98	113
GRAVELY CLAY	113	140
Hardcomp GRAVEL	140	
with CLAY		168
water sand	168	180
WELL Site approval		
By I.S.C.H.D.		

RECEIVED

DEC 27 2004

DEPT OF ECOLOGY

Start Date 12-17-04 Completed Date 12-23-04

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.

Driller/Engineer/Trainee Name (Print) GERLOF BOONSTRA

Driller/Engineer/Trainee Signature Gerlof 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 12-24-04

If TRAINEE,

Driller's Licensed No. _____

Driller's Signature _____

Ecology is an Equal Opportunity Employer. ECY 050-1-20 (Rev 2/03)

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

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WELL LOG CHANGE FORM

Instructions: Record any change made to the well log record on this form. Then always append this form to the well log image. File with the original.

WCL Log ID (Required) 162227 Well Log ID 395812

Regional Office: ☐CRO ☐ERO ☒NWRO ☐SWRO

Type of Well: ☒ Water ☐ Resource
Notice of Intent: W178860 Ecology Well ID Tag No. _____
Property (Well) Owner's Name Jorge Garcia
Well Street Address _____
City _____ County _____ Zip Code _____
Location: SE 1/4-1/4 NW 1/4 Sec 4 Twn 30 R 2 (E) or W (Circle One)
Lat./Long: (Required) Lat. Deg. _____ Lat. Min/Sec _____
Long. Deg. _____ Long. Min/Sec _____
Horizontal Collection Method Code _____
Tax Parcel No _____
Type of Work: ☐New Well ☐ Reconditioned ☐ Deepened
Well Log Received Date __/__/__
Well Diameter ___ (in inches) Well Depth _____ (in feet) Well Completed Date __/__/__
Driller's Ecology License No. _____
Trainee's Ecology License No. _____

Reason/Source of Change (Required)
Received call from Drilling Company to correct legal description

Signature of Well Log Tracker (Required) Melissa Snoeberger Date 1/4/05

ECY-WR-WLCF Rev. 10/02/02