33-2E-35P

WATER WELL REPORT

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

Construction/Decommission ("x" in circle) 212158

☒ Construction

○ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

CURRENT
Notice of Intent No. W 238272

Unique Ecology Well ID Tag No. APR 923

Water Right Permit No. _____

Property Owner Name RUSSELL E. LETT

Well Street Address Strawberry Hill Ln

City Oak Harbor County Island

Location SE 1/4-1/4 SW 1/4 Sec 35 Twn 33 R 2 (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. R23335-035-2460

PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other _____

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

☒ New well ☐ Reconditioned *Method:* ☐ Dug ☐ Bored ☐ Driven ☐ Deepened ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 209 ft.
Depth of completed well 209 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 6" Diam. from +1.5 ft. to 199 ft.
☐ Liner installed _____" Diam. from _____ ft. to _____ ft.
☐ Threaded _____" Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No
Type of perforator used _____
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☒ K-Pac Location 198
Manufacturer's Name _____
Type Stainless Model No. Tele
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. 5 Slot size 8 from 199 ft. to 209 ft.

Gravel/Filter packed: ☐ Yes ☐ No ☐ Size of gravel/sand _____
Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18 ft.
Material used in seal Bentonite
Did any strata contain unusable water? ☐ Yes ☒ 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 174 ft. below top of well Date 11-25-06
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 8 ft. drawdown after 1 1/2 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 ☒ 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. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Sand Gravel Rock	0	3
Comp sand	3	12
Clay with Gravel	12	28
Clay	28	60
Gravely Clay	60	148
silty sand	148	182
Fine Watersand	182	209
mostly silt	209	
Well needs to be pump tested.		
Well site approved by Island County Health Dept		

RECEIVED
DEC 04 2006
DEPT. OF ECOLOGY

Start Date 11-14-06 Completed Date 11-25-06

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) E. Boonstra
Driller/Engineer/Trainee Signature Gerald Boonstra
Driller or trainee License No. 0038

Drilling Company WHIDBEY DRILLERS
Address 716 Holbrook Rd
City, State, Zip Coupeville WA 98239
Contractor's Registration No. WHIDBWD971LT Date 11-26-06

If TRAINEE,
Driller's Licensed No. _____
Driller's Signature _____

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ECY 050-1-20 (Rev 3/05) **The Department of Ecology does NOT warranty the Data and/or Information on this Well Report.**

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