28-3E-14R

WATER WELL REPORT

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

Construction/Decommission ("x" in circle) 267680

☒ Construction

○ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

CURRENT
Notice of Intent No. W 288313

Unique Ecology Well ID Tag No. APR 943

Water Right Permit No. _____

Property Owner Name BUCKLIN

Well Street Address Franklin Rd

City Clinton County Island

Location SE 1/4-1/4 SE 1/4 Sec 14 Twn 28 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. R 32813-146-0160

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 ☐ Deepened

Method: ☐ Dug ☐ Bored ☐ Driven ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 8 inches, drilled 83 ft.
Depth of completed well 83 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 8" Diam. from +1.5 ft. to 78 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 77

Manufacturer's Name _____

Type Stainless Model No. Tele

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Diam 8 Slot size 15 from 78 ft. to 83 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 ~~+19~~ ft. 20

Static level 8 FT 6" ft. below top of well Date 4-19-07

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 15 gal./min. with 55 ft. drawdown after 1.5 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
Brown Sandy Clay	0	18
Bravely Clay	18	57
Brey Clay	57	70
Comp Bravely Clay	70	78
Dirty Bravel (streaks)	78	83
Mostly Clay	83	
Well site Location approved by Island County health Dept		
Well Needs to be pump Tested To determent the G.P.M.		

RECEIVED
MAY 04 2007
DEPT. OF ECOLOGY

Start Date 4-16-07 Completed Date 4-19-07

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) P. Boonstra

Driller/Engineer/Trainee Signature [signature]

Driller or trainee License No. 0038

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

Drilling Company WHIDBEY DRILLERS

Address 716 Holbrook Rd

City, State, Zip Coupeville WA 98239

Contractor's Registration No. WHIDBWD944LT Date 4-20-07

Ecology is an Equal Opportunity Employer

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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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) 267680 Well Log ID _____

Regional Office: ☐CRO ☐ERO ☒NWRO ☐SWRO

Type of Well: ☒ Water ☐ Resource
Notice of Intent: W238313 Ecology Well ID Tag No. _____
Property (Well) Owner's Name Bucklin
Well Street Address _____
City _____ County _____ Zip Code _____
Location: ____1/4-1/4 ____1/4 Sec ____ Twn ____ R ____ 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)
Corrected Notice of Intent # to match notice submitted

Signature of Well Log Tracker (Required) Melissa Snoeberger Date 8/1/07

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

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

NOTICE OF INTENT TO CONSTRUCT A WATER WELL

Notification Number W 238313

MAR 21 2007

This form and required fees *MUST BE RECEIVED by the Department of Ecology 72 HOURS BEFORE you construct a well.*

DEPARTMENT OF ECOLOGY WELL DRILLING UNIT

200

Submit one form and required fee (check or money order ONLY) for each job site. Instructions for filling out this form are printed on the back. ***Mail this form to the Department of Ecology, P.O. Box 5128, Lacey, WA 98509-5128***

NOTE: PLEASE PRINT ALL ANSWERS. PROCESSING YOUR NOTICE OF INTENT MAY BE DELAYED IF ALL FIELDS OUTLINED IN THE *BOXES* ARE NOT FILLED IN COMPLETELY.

1. Property Owner Bucklin Phone No. _____
   Mailing Address ~~Bucklin~~ City _____ State ____ Zip _____

2. Agent (if different from #1): Greg Koch Phone No. 360 661-0014
   Mailing Address 5363 Mutiny Bay Rd City Free Land State WA Zip 98249

01-Adams, 02-Asotin, 03-Benton, 04-Chelan, 05-Clallam Count, 06-Clark, 07-Columbia, 08-Cowlitz, 09-Douglas, 10-Ferry, 11-Franklin, 12-Garfield, 13-Grant, 14-Grays Harbor, 15-Island, 16-Jefferson, 17-King, 18-Kitsap, 19-Kittitas, 20-Klickitat, 21-Lewis, 22-Lincoln, 23-Mason, 24-Okanogan, 25-Pacific, 26-Pend Oreille, 27-Pierce, 28-San Juan, 29-Skagit, 30-Skamania, 31-Snohomish, 32-Spokane, 33-Stevens, 34-Thurston, 35-Wahkiakum County, 36-Walla Walla County, 37-Whatcom, 38-Whitman, 39-Yakima

3. Print CODE NUMBER and COUNTY NAME (e.g. 01-Adams) of well location from list above **(DO NOT ABBREVIATE)** 15 Island

4. Well Location: SE ¼-¼ of the SE ¼ Section 14 Township 28 Range 3 EWM or WWM *(circle one)*

5. Will the intended withdrawal from this well exceed 5000 gallons per day or be used to irrigate more than 1/2 acre of non-commercial lawn or garden? (Check one) ○ Yes (Copy of Water Right permit attached) ☒ No

6. Type of well construction: ☒ New ○ Deepened ○ Reconditioned ○ Other _____

7. Purpose of use: ○ Domestic ☒ Group Domestic ○ Irrigation ○ Municipal ○ Test Well ○ Other _____

8. Approx construction start date April 1 07 9. No. of homes to be served 3

'07 MAR 19 A8:04 DEPT. OF ECOLOGY OFFICE OF BUDGET

Latitude and longitude (if available) NOTE: 1/4, section, township and range are REQUIRED.

Lat Degrees _____ Lat Time _____

Long Degrees _____ Long Time _____ Horizontal Collection Method _____

10. Well Site Street Address Franklin Rd Clinton

11 Tax parcel number R32813-146-0160

12. Contractor L & I Registration No. WHIDBWD 944 Q 9

13. Well Drilling Company Name WHIDBEY DRILLERS Phone No. 360 678 4858

14. Well Driller Name G Boonstra License No. 0038

15. SEND THE ENTIRE FORM. The bottom portion of this notice will be validated in our office and sent back to the name and address contained on the address label. This is the proof of notification. Please fill out the portion below CAREFULLY.
NOTE: Please copy the Notification Number (located in the upper and lower right corner) and keep in a safe place. Please reference this number when communicating with the Department of Ecology.