298857

33-1E-1L

WATER WELL REPORT

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Construction/Decommission *("x" in circle)*

☒ Construction

○ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

CURRENT

Notice of Intent No. W257519

Unique Ecology Well ID Tag No. BAE 402

Water Right Permit No. _____

Property Owner Name WOODLAND ESTATES

Well Street Address Woodland Circle

City Oak-Harbor County Island

Location NE 1/4-1/4 SW 1/4 Sec 1 Twn 33 R 1 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. S8475-00-00042-2

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 6 inches, drilled 205 ft.

Depth of completed well 204.5 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 6" Diam. from +1.5 ft. to 194.6 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 193.5

Manufacturer's Name Johnson

Type Stainless Model No. Tele

Diam. 5 Slot size 15 from 194.5 ft. to 199.5 ft.

Diam. 5 Slot size 15 from 199.5 ft. to 204.5 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? no Depth of strata _____

Method of sealing strata off _____

PUMP: Manufacturer's Name _____

Type: _____ H.P. _____

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

Static level 171 ft. below top of well Date 2/2

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 ☒ 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 Gravel	0	8
Comp Gravel	8	46
Clay	46	51
Silty Sand	51	92
Sand Clean	92	115
Silty Sand	115	142
Silty Sand & Gravel	142	172
Sand & Clay mix	172	180
Gravel with Sand	180	204
Well site approved by Island County Health Dept		

RECEIVED

MAY 06 2008

DEPT. OF ECOLOGY

Start Date 4/7/08 Completed Date 4/12/08

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. WHIDBWD944QQ Date 4/14/08

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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