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

329904

29-3E-26B

WATER WELL REPORT

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

DEPARTMENT OF ECOLOGY State of Washington

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

☒ Construction

☐ Decommission *ORIGINAL INSTALLATION*

Notice of Intent Number _____

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

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 216 ft. Depth of completed well 216 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 6" Diam. from +1.5 ft. to 206 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 _____

Manufacturer's Name JOHNSON

Type stainless Model No. TELE

Diam. 5 Slot size 12 from 206 ft. to 216 ft.

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

Gravel/Filter packed: ☐ Yes ☒ No Size of gravel/sand _____

Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 36 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 390 ft.

Static level 100 ft. below top of well Date 11/21/08

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 20 gal./min. with 30 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

CURRENT

Notice of Intent No. W 257538

Unique Ecology Well ID Tag No. BAE 424

Water Right Permit No. 338848

Property Owner Name DEER LAKE HAVEN WATER SYSTEM

Well Street Address HAVEN WAY

City CLINTON County ISLAND

Location NW1/4-1/4 NE1/4 Sec 26 Twn 29 R 3 EWM ☒ Or WWM ☐

(s, t, r Still REQUIRED)

Lat/Long Lat Deg _____ Lat Min/Sec _____

Long Deg _____ Long Min/Sec _____

Tax Parcel No. (Required) S6465-00-0000-A0

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
TOP SOIL	0	3
GRAVELY HARD CLAY (ROCKS	3	38
DIRTY SILTY GRAVEL	38	40
GRAVELY HARD CLAY	40	52
CLEAN GRAVEL WET	52	54
GRAVELY CLAY	54	78
BROWN SAND WITH WATER SL 60	78	91
GRAY CLAY	91	117
SAND CLAY MIX	117	163
GRAVELY CLAY	163	185
SAND SILT & CLAY MIX	185	195
SAND WITH SOME SILT (BEST)	195	205
SILTY SAND	205	216
CLAY	216	
WELL SITE APPROVAL BY ISLAND		
COUNTY HEALTH DEPT		

RECEIVED
JAN 15 2009
DEPT. OF ECOLOGY

Start Date 11/13/2008 Completed Date 11/21/2008

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

IF TRAINEE: Driller's License No:

Driller's Signature:

Drilling Company WHIDBEY WELL DRILLERS

Address 716 Holbrook Rd

City, State, Zip Coupeville , WA, 98239

Contractor's Registration No. WHIDBWD 944 Q9 Date 11/23/08

ECY 050-1-20 (Rev 06/08) *If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600*