370095

31-1E-2A

WATER WELL REPORT

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

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

☒ Construction

○ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

CURRENT Notice of Intent No. W238189

Unique Ecology Well ID Tag No. ~~ALO219~~/ALT287

Water Right Permit No. _____

Property Owner Name Island Transit

Well Street Address 19758 Sth Hwy 20

City Coupeville County Island

Location NE 1/4-1/4 NE 1/4 Sec 2 Twn 31 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. _____

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 198 ft.

Depth of completed well 178 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 8" Diam. from +18" ft. to 160 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 Bottom well

Manufacturer's Name Johnson

Type Wire wound Model No. 304 stainless

Diam. 8" Slot size 12,20 from 176, 171 ft. to 171-166 ft.

Diam. 8" Slot size 40 from 166 ft. to 161 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 _____ ft.

Static level 148 ft. below top of well Date 8-25-09

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? Driller

Yield: 78 gal./min. with 12 ft. drawdown after 24 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 9-28-09

Bailer test 25 gal./min. with 3 ft. drawdown after 38 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 Topsoil, Gravel	0	1
Brown Sand Gravel, Cobbles	1	26
Brown Sand, Gravel	26	35
Brown Sand	35	129
Brown Sand, Gravel	129	144
Brown Coarse Gravel, Sand	144	158
Gray Coarse, Sand, Gravel Water	158	165
Gray Coarse Sand Water	165	170
Gray Medium Coarse Sand Water	170	176
Gray Fine Uniform Water Sand	176	198

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Start Date 8-18-09 Completed Date 9-30-09

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) Ryan Harris

Driller/Engineer/Trainee Signature Ryan Harris

Driller or trainee License No. 2643

Drilling Company Well Done Drillers

Address 440 Hill Valley Dr.

City, State, Zip Coupeville WA 98239

Contractor's Registration No. welldri005nb Date 9-30-09

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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