380046

WATER WELL REPORT

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

30-3E-15h

Construction/Decommission ("x" in circle)

☒ Construction

○ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

CURRENT Notice of Intent No. W 217154

Unique Ecology Well ID Tag No. BBA 230

Water Right Permit No. G1-23106P

Property Owner Name BRUTUS Maintance Assoc.

Well Street Address 3469 Timothy Way

City Camano Isl. County Island

Location SE 1/4-1/4 NE 1/4 Sec 15 Twn 30 R 3E (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. 57125-00-00019-1

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 244 ft.

Depth of completed well 244 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 6" Diam. from +2 ft. to 236 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 234

Manufacturer's Name Alloy

Type S. Steel Model No. _____

Diam. 5 Slot size 10 from 235 ft. to 244 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? 32 ft.

Material used in seal BENONITE

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

PUMP: Manufacturer's Name GOULD'S

Type: SUB H.P. 1 1/2

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

Static level 220 ft. below top of well Date 6-15-10

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? GENE'S

Yield: 15 gal./min. with 2'-4" ft. drawdown after 4 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 ___ gal./min. with ___ ft. drawdown after ___ 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
Dry sand	0	17
sandy clay	17	32
clay	32	34
Dry sand	34	163
clay	163	228
sandy clay	228	232
water-sand	232	244
well siting per		
Island Co. code		
8.09.07 C-04E		

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Start Date 6-8-10 Completed Date 6-15-10

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) GENE HITT

Driller/Engineer/Trainee Signature Gene Hitt

Driller or trainee License No. 0186

Drilling Company GENE'S Well Drilling

Address 5115 268TH ST. N.W.

City, State, Zip STANWOOD, WA 98292

Contractor's Registration No. GENESWD 934BD Date 6-28-10

If TRAINEE, Driller's Licensed No. _____

Driller's Signature _____

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ECY 050-1-20 (Rev 3/05)

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