32-2E-22E

WATER WELL REPORT

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

Construction/Decommission ("x" in circle) 383306

☒ Construction

○ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

CURRENT
Notice of Intent No. W 217156

Unique Ecology Well ID Tag No. BBA 232

Water Right Permit No. _____

Property Owner Name Bayshore Terrace Water System

Well Street Address 831 Anna Dr.

City Camano Isl County Island

Location SW 1/4-1/4 NW 1/4 Sec 22 Twn 32 R 2E (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. EXEMPT - N/A
5-8040-00-0000B-0

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

TYPE OF WORK: Owner's number of well (if more than one) 2
☒ New well ☐ Reconditioned *Method:* ☐ Dug ☐ Bored ☐ Driven ☐ Deepened ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 115 ft.
Depth of completed well 115 ft.

CONSTRUCTION DETAILS
Casing Installed: ☒ Welded 6" Diam. from +2 ft. to 107 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 104
Manufacturer's Name Hilloy
Type S. Steel Model No. _____
Diam. 5 Slot size 14 from 105 ft. to 115 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? 20 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 Flint-Walling
Type: SUB H.P. 2

WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level 32 ft. below top of well Date 7-16-10
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: 30 gal./min. with 2 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 50 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
Rocky - Hard-pan	0	7
Gray Hard-pan	7	17
cemented gravel	17	23
Blue clay	23	97
Gray hard-pan	97	102
water - gravel	102	115
well sitting per Island Co. code 8.09.07 C-DAE		

RECEIVED
DEPARTMENT OF ECOLOGY
AUG 04 2010
WATER RESOURCES PROGRAM
NWRO

Start Date 7-13-10 Completed Date 7-16-10

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. GENES WD 934BD Date 7-21-10

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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