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

File Original and First Copy with Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. _____

Water Right Permit No. _____

(1) OWNER: Name I.O.O.F Lodge Address 8080 Camano Ridge Camano Island

(2) LOCATION OF WELL: County Island ___ ¼ ___ ¼ Sec. ___ T. ___ N., R. ___ W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) _____

(3) PROPOSED USE: ☐ Domestic ☐ Irrigation ☐ DeWater Industrial ☐ Test Well ☐ Municipal ☑ Other ☑

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
Abandoned ☐ New well ☑ Deepened ☐ Reconditioned ☐
Method: Dug ☐ Cable ☑ Rotary ☐ Bored ☐ Driven ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well _____ inches.
Drilled _____ feet. Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6" Diam. from 0 ft. to 52 ft.
Welded ☐ _____ Diam. from _____ ft. to _____ ft.
Liner installed ☐
Threaded ☐ _____ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☐
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☐ No ☑
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☐ No ☑ To what depth? _____ ft.
Material used in seal Not Done at this time / top being Concrete around casing
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Aermotor
Type: Submersible H.P. 1

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level 20 ft. below top of well Date _____
Artesian pressure 2.8 lbs. per square inch Date 8-28-92
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☑ No ☐ If yes, by whom? Wally Well Drilling
After 30 gal./min. with _____ ft. drawdown after 1 hrs.
" 50 " " 1 " 2 "

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.
Artest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Flowing flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
top soil	0	1
sand & gravel	1	50
water sand & gravel	50	51
open	51	60
20' swell		
#1 well		
pump set at 40'		

Work started _____, 19__. Completed _____, 19__

WELL CONSTRUCTOR 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.

NAME B&C Well Drilling Co. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 2411 Jay St
(Signed) Reid Chatfield (WELL DRILLER) License No. No license 1957
Contractor's Registration No. None Date 7-24 1992

(USE ADDITIONAL SHEETS IF NECESSARY)

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 703

RECORD VERIFICATION (check ✓ one)

☑ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).
If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. **Do not use this form for wells that do not have a Water Well Report.**

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Theodore M. Kitchner Last Name: (Oddfellows Park Water System)

Street Address: 6333 83rd Avenue SE

City: Snohomish State: WA 98290

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Parcel R23102-426-4240, Camano Bridge Road

City: Camano Island County: Island

T. 31 N. R. 2 E W.M. Sec. 2 NE ¼ of the NE

Latitude 48 12 .46717 "

Longitude 122 30 .38759 "

Elevation at land surface 439 feet/meters *(circle one)*

SEE BACK SIDE OF PAGE...

RECEIVED DEC 28 2010 WATER RESOURCES - NWRO

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WELL CHARACTERISTICS

Location of Well identification Tag:

Strapped to well casing in well house behind IOOF Hall

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

well

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION 2

COMMENTS:

Serves as primary well for Odd Fellows Park water System WSID# 353503