402064

28-3E-1K

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_____

TYPE OF WORK: Owner's number of well (if more than one) _____

X☐ New well ☐ Reconditioned *Method:* ☐ Dug ☐ Bored ☐ Driven ☐ Deepened ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 96 ft. Depth of completed well 95 ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Diam.6 from +1.5 ft. to 90 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 x☐ K-Pac Location 89_____

Manufacturer's Name JONHSON

Type STAINLEES_____ Model No.TELE_____

Diam.6 Slot size 10 from 90 ft. to95 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? 18 ft.

Material used in seal BENTONITE 3/8 CHIPS_____

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 60 ft.

Static level 51..5 ft. below top of well Date 1/13/11_____

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 test10 gal./min. with MAX ft. drawdown after 1 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 267947_____

Unique Ecology Well ID Tag No .BBF 273_____

Water Right Permit No._____

Property Owner Name AL GILMORE _____

Well Street Address ROCK RIDGE LN_____

City CLINTON_____ County Island_____

Location NW 1/4 1/4of theSE 1/4 Sec1 Twn28 R 3 EWM ☒ Or WWM ☐

(s, t, r Still REQUIRED)

Lat/Long Lat Deg _____ Lat Min/Sec _____

Long Deg _____ Long Min/Sec _____

Tax Parcel S7010-00-00030-0

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 SILTY SOFT CLAY	0	48
GRAY HARD CLAY	48	89
SILTY SAND WITH WATER	89	95
CLAY	95	
ISLAND COUNTY WELL SITE APPR		

RECEIVED JAN 21 2011 WATER RESOURCES - NWRO

Start Date_Completed Date 1/11/11 _____1/13/2011

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 _____

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. WHIDBWD921RS_____ Date 1/14/11_____

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. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

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