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

Driller's Copy

STATE OF WASHINGTON

Permit No. ....

**OWNER:** Name..... Address.....

**LOCATION OF WELL:** County Island

Bearing and distance from section or subdivision corner ..... ¼ ..... ¼ Sec..... T..... N., R..... W.M.

**(3) PROPOSED USE:** Domestic ☐ Industrial ☐ Municipal ☒ Irrigation ☐ Test Well ☐ Other ☐

**(4) TYPE OF WORK:** Owner's number of well (if more than one).... 2

New well ☒ Deepened ☐ Reconditioned ☐

Method: Dug ☐ Bored ☐ Cable ☒ Driven ☐ Rotary ☐ Jetted ☐

**(5) DIMENSIONS:** Diameter of well 8 inches.

Drilled 188 ft. Depth of completed well 188 ft.

**(6) CONSTRUCTION DETAILS:**

Casing installed: 8" Diam. from +1.5 ft. to 177-2 ft.

Threaded ☐ ....." Diam. from ..... ft. to ..... ft.

Welded ☒ ....." 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 Johnson

Type Stainless Model No.....

Diam. 8" Slot size 18 from 172 ft. to 178 ft.

Diam. " Slot size 25 from 178 ft. to 188 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: .....

Gravel 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.....

**(7) PUMP:** Manufacturer's Name.....

Type: ..... H.P. .....

**(8) WATER LEVELS:** Land-surface elevation above mean sea level.... ..... ft.

Static level 140 ft. below top of well Date 8/1/81

Artesian pressure ..... lbs. per square inch Date.....

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?.....

Yield: 25 gal./min. with 15 ft. drawdown after 4 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 |
|---|---|---|---|---|---|
| 0 | 141 | 45 | 140-2 | | |
| 15 | 140-4 | 1 hr. | 140-1 | | |
| 30 | 140-3 | | | | |

Date of test 8/1/81

..... gal./min. with ..... ft. drawdown after ..... hrs.

Artesian flow ..... g.p.m. Date.....

Temperature of water ..... Was a chemical analysis made? Yes ☒ No ☐

**(10) WELL LOG:**

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 formation.

| MATERIAL | FROM | TO |
|---|---|---|
| hard pan | 0 | 25 |
| gravel | 25 | 55 |
| sand | 55 | 85 |
| clay | 85 | 108 |
| gravel | 108 | 135 |
| hard pan | 135 | 155 |
| compact sand & water | 155 | 170 |
| sandy water | 170 | 188 |

Work started 7/10/81, 19..... Completed 8/1/81, 19.....

**WELL DRILLER'S STATEMENT:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Kounkel Well Drilling (Person, firm, or corporation) (Type or print)

Address 797 N Smith Rd. Camano Is. Wash.

[Signed] Larry Kounkel (Well Driller)

License No. 174 Date 1/24/83, 19.....

(USE ADDITIONAL SHEETS IF NECESSARY)

CY 050-1-20

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

# Well Tagging Form

Unique Well Tag No: BAA981

## 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: Driftwood Heights Number 2 Last Name: Water Association

Street Address: PO Box 1166

City: Stanwood, WA State: WA 98292

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Parcel R33118-518-0350 Maggie Ann Drive

City: Camano Island County: Island

T. 31 N. R. 3 E W.M. Sec. 18 NW ¼ of the NW

Latitude 48. 10. 91005 "

Longitude 122 28. 99502 "

Elevation at land surface 224 feet/meters *(circle one)*

SEE BACK SIDE OF PAGE...

MAR 1 2003

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# WELL CHARACTERISTICS

Location of Well identification Tag:

8-inch casing inside pump house
Tag strapped to well casing

well

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

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

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

SECTION 18

COMMENTS: