ENTERED

DOH # (A) Public system # 684300 32-1W-25F

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. W043500
UNIQUE WELL I.D. # AEE 052
Water Right Permit No. 236926

'98 MAY 19 A7:59

(1) OWNER: Name Pondilla Estates Address P.O Box 903 Coupeville WA 98239

(2) LOCATION OF WELL: County Island NW 1/4 SE 1/4 Sec 25 T 32 N., R 1W W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) CASH

(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 6 inches.
Drilled 123 feet. Depth of completed well 123-125 ft. Top of well

(6) CONSTRUCTION DETAILS:
Casing installed: 6" Diam. from 0 ft. to 110' ft.
Welded ☐ " Diam. from ft. to ft.
Liner installed ☐ " Diam. from ft. to ft.
Threaded ☐

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 NAGOAKA 17' overall
Type S.S w2-Packers Model No. 304
Diam. 6 Slot size 12/14 from 107 ft. to 118 ft.
Diam. Slot size 16 from 119 ft. to 123 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 Bentenite
Did any strata contain unusable water? Yes ☐ No ☑
Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name Red Jacket
Type: Sub H.P. 2

(8) WATER LEVELS: Land-surface elevation above mean sea level ft.
Static level 83' ft. below top of well Date 5-7-98
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? Drillers
Yield: 19 gal./min. with 26 ft. drawdown after 24 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
(-) 5 min	Full	Recovery	to 83'		

Date of test
Bailer test 15+ gal./min. with 20 ft. drawdown after 4 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 ☐

(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
Topsoil	0	1
HARDPAN + Gravel Brown	2	29
SANDY Clay Grey	29	44
CLAY - Blue	45	61
SANDY Clay Grey	62	74
Clay - HARD - Grey	75	89
water SAND - Clean - Blue/Grey	90	95
Silty Sand + Clay Grey	96	100
Water - Mixed - Fines, Clay chucks w/Some course Sand	101	123
HARD Clay - Grey	123½	

Work Started 5-1-98, 19. Completed 5-7, 1998

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 WELL DONE DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 440 HILL VALLEY DR.
(Signed) Jack F. Harris (WELL DRILLER) License No. 1304
Contractor's Registration No. WELLDD*025BN Date 5-7-98, 1998

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.

ECY 050-1-20 (9/93) * * f

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

34550

Well Tagging Form

Unique Well Tag No: AGA920

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)*
- [ ] Verification inconclusive
- [ ] Well Report not available

Sec #2

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name PENPILLA EST Cin ASSN Last Name

Street Address 66436

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address ~~[illegible]~~ Same

City County

T N R W M Sec 1/4 of the

FOR AGENCY USE ONLY

Latitude

Longitude

- [ ] GPS
- [ ] Topographic Map
- [ ] Survey
- [ ] Computer generated

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

- [ ] Digital Altimeter
- [ ] Topographic Map
- [ ] Other

Additional information, if available

- [ ] Location marked on topographic map *(please attach)*
- [ ] Location marked on air photo *(please attach)*

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

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

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

hysical Description of well (size of casing type of well housing etc.)

6" CASING INSIDE GREY PANELED SHED (~10x15x15')

IN THE MIDDLE OF A FIELD

ocation of Well Identification Tag

~~SEE~~ CASING

as supplemental tag needed for ease of identifying well? ☐ Yes ☑ No

es where was tag placed?

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

MMENTS State Health

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

er Right # Date Issued

e One Application Permit Certificate Claim Exempt