27/05-07A

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

Application No _____

Permit No G1-23691

TERRY LEHMAN

(1) OWNER: Name Denny Smith Address PO. BOX 55, FREELAND, WN. 9824

(2) LOCATION OF WELL: County Island — NW ¼ SE ¼ Sec 4 T 29 N., R 3 W.M.

Bearing and distance from section or subdivision corner 500' E and 100' S of center Sec. 4

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 288 ft Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 288 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 Cook
Type Stainless Steel Model No. _____
Diam 6 Slot size 10 from 278 ft to 288 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? 25 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 STA-Rite
Type Sub. H.P. 5

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level _____ ft. below top of well Date _____
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 _____ 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
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG: (287' S & 608' E FROM CTR SEC.

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
Sand	0	8
Hip. Grey	8	40
Sand	40	65
C Sand w w 10 GPM	65	73
C Sand	73	106
Clay Blue	106	110
F. Sand " "	110	191
Clay " "	191	221
Sand & Clay " "	221	245
Sand w w	245	275
C Sand w w	275	288

TEL COMPANY#1 PWS 03099 SRC 01
ISLAND Long 122 42734 Lat 48 027767
Well Tag AGA903

JAN 8 1979
DEPT OF ECOLOGY

Work started 8/22 1979 Completed 8/24 1979

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 B&W Drilling (Person firm or corporation) (Type or print)

Address PO Box 55 Freeland

[Signed] James Mitchell E. Lehman (Well Driller)

License No 263 Date 8/31, 1979

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA903 / S01

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

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Tel CG #1 Last Name

03099 -S

Street Address

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 5010 INGLEWOOD

City County

T N R WM 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)*

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WELL CHARACTERISTICS

ysical Description of well (size of casing, type of well, housing, etc.)

6" CASING INSIDE WOOD SHED (~20'x20'x15') PAINTED BABY BLUE LARGE RES. ON SITE ~~[illegible]~~ WITH METAL SIDING WRAPPED AROUND TANK WITH CONE SHAPED ROOF WELL HEAD (HOUSE) ATTACHED TO PH IN WOOD/SHINGLED ROOF

ation of Well Identification Tag

CASING

s supplemental tag needed for ease of identifying well? ☐ Yes ☒ No

s, 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

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # Date Issued

One Application Permit Certificate Claim Exempt