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. _____

UNIQUE WELL I.D. # _____

Water Right Permit No. _____

(1) OWNER: Name Saratoga Water Dist Address 3775 South Bells Beach Rd Langley

(2) LOCATION OF WELL: County Island County · NE 1/4 NE 1/4 Sec 19 T. 30N. R. 3E W.M.

(2a) STREET ADDRESS 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 12 inches. Drilled 380 feet. Depth of completed well 379 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 12 " Diam. from +2 ft. to 360 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 Johnson
Type SS Model No. _____
Diam. 10 Slot size 30 from 375 ft. to 360 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? 18 ft.
Material used in seal Cement Grout
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 _____

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level 290' ft. below top of well Date 4/30/90
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.
Airlift _____ 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
Sub Soil + Cobbs. Brown	0	4
Sand Some Cobbs Brown	4	27
Sand & Gravels	27	49
Brown Sand	49	55
Sand + Gravels	55	111
Silty Sand Brown	111	151
Sand & Occ Gravels	151	180
Sand + Gravels	180	205
Sand & Silt	205	212
Silty Sand + Silt Layer	212	292
Silt Gray	292	296
Sand Some Silt	296	309
Gray Fine Sand w/B	309	340
Coarse Sand Some Gravels	340	357
Coarse Sand + Gravel	357	380

RECEIVED
JUN 27
IS.CO.HEALTH DEPT

503 S.W.D
Parcel S8095-00-00018-2

Work Started 3-27, 19 90 Completed 5-1, 19 90

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 Holt Drilling Inc. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 10621 Todd Rd E Puyallup WA 983

(Signed) [signature] (WELL BRILLER) License No. 0597

Contractor's Registration No. HOLTII*087DI Date 5-1, 19 90

(USE ADDITIONAL SHEETS IF NECESSARY)