[illegible] LOT 14

WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle) 475699
- ☒ Construction
- ○ Decommission ORIGINAL CONSTRUCTION Notice of Intent Number ______

CURRENT Notice of Intent No. W 100472

Unique Ecology Well ID Tag No. AGA 102

Water Right Permit No. ______

Property Owner Name CASKbier, Tim & Rita

Well Street Address DUS

City OAK Harbor County: Island

Location SE 1/4-1/4 SE 1/4 Sec 6 Twn 33 R 2 EWM circle one or WWM

Lat/Long: (s,t,r still REQUIRED) Lat Deg ______ Lat Min/Sec ______ Long Deg ______ Long Min/Sec ______

Tax Parcel No. R-23306-097-4450

PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other ______

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

DIMENSIONS: Diameter of well 6 inches, drilled +1 ft.
Depth of completed well 304 ft.

CONSTRUCTION DETAILS
Casing ☒ Welded 6" Diam. from +1 ft. to 297 ft.
Installed: ☐ 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 ☐ K-Pac Location ______
Manufacturer's Name Noodora
Type Stainless Model No. ______
Diam. 5 Slot Size 10 from 299 ft. to 304 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.
Materials used in seal Bentonite
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 ______ ft.
Static level 245 ft. below top of well Date ______
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? Drillers
Yield: 10 gal./min. with 45 ft. drawdown after 4 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 test ______ gal./min. with ______ ft. drawdown after ______ 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

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. Indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Top Soil & Lg Gravel	0	4
BRN Sand & Gravel	4	10
Gray Sand & Gravel	10	92
BRN Sand & Gravel	92	135
Gray Sand & Gravel	135	151
BRN Sand	151	190
Gray Sand & Gravel	190	192
BRN Sand & Gravel	192	237
Gray Sand & Clay	237	252
Gray Sand & Gravel Clay	252	260
Gray Clay & Sand	260	287
BRN Sand & Gravel Clay	287	295
Gray Sand & Gravel Clean Water	295	304

Start Date 12-18-03 Completed Date 12-28-03

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) Stephen Specht[?]
Driller/Engineer/Trainee Signature [signature]
Driller or Trainee License No. 2422

If trainee, licensed driller's ______

Drilling Company Specimen Ent
Address 10499 Farm to Market Rd
City, State, Zip Mt. Vernon Wash. 98273
Contractor's Registration No. 60187393[?] Date ______

Well Report Change Form

Record any changes made to the well report record on this form.
Fields marked with an asterisk (*) are required.
Ecology Well Trackers: Append this form to the well report image and file with the original well report.

This Well Report has been changed on: 11 / 16 / 2012
*Month *Day *Year

Well Information/Location:

*☐ Not in Notice of Intent System (NITS) *☒ Notice of Intent System (NITS) Log ID # ~~W100473~~

*Regional Office: ☐ CRO ☐ ERO ☒ NWRO ☐ SWRO

*Well Type: ☒ Water Well ☐ Resource Protection Well

*Notice of Intent Number: W100473 *Unique Ecology Well ID Tag Number: AGA10C

Original Property Owner Name: Tom + Rita Caseblers

Well Site Street Address: Olympic View Dr City: _____ County: _____ Zip: _____

*Tax parcel number R23306-097-4450

*Township 33N *Range 2 *E ☒ or *W ☐ *Section 6 *in the SE ¼ of *SE ¼

Well Head Elevation _____ (feet above mean sea level)

Reporting Lat/Long Measurements:

Latitude _____ Decimal Degrees (valid range is 45.33186 to 49.11587)

Longitude _____ West Decimal Degrees (valid range is 116.91148 to 124.70419)

Horizontal Collection Method _____ Vertical Collection Method _____

Horizontal Collection Datum Type _____ Vertical Datum Type _____

Original Reported Type of Work:

*Well Construction: ☒ Well Decommissioning: ☐

*New Well ☒ Alteration of existing well ☐

Well Report Received Date: 10/12/2012 Well Completed Date: 12/28/03

Well Diameter (inches): 6 Well Depth (feet): 304

Water Level Details

Static Water Level

Measured Level (below top of well) 245 feet _____ inches

Date Measured _____ (e.g. 4/5/2012)

Flowing Artesian

Gallons Per Minute Equal To _____ g.p.m.

Artesian Pressure _____ p.s.i.

Date Measured _____ (e.g. 4/5/2012)

Artesian Water Controlled By _____ (e.g. cap, valve, etc.)

Driller Information

Driller License Number: 2427 Trainee License Number: _____ Other (specify): _____

Change Information

*Person Requesting Change: Arlene Harris Contact Phone Number: (425) 649-7020

*Reason For Change: Driller was one digit off on Notice of Intent #

*Tracker Signature: Arlene Harris