

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

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. W-087740

UNIQUE WELL I.D. # ACK 059

Water Right Permit No. \_\_\_\_\_

(1) OWNER: Name WILLY, GARY Address 9209 CRESCENT BAR N.W. QUINCY WA 98845

(2) LOCATION OF WELL: County DOUGLAS SE 1/4 NE 1/4 Sec 15 T 24 N.R. 21E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 3 SW 17.5 BANNER MT. EAST WELPACHEE H

(3) PROPOSED USE:  Domestic Irrigation  DeWater  Industrial  Test Well  Other  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 33 feet. Depth of completed well 210 ft.

(6) CONSTRUCTION DETAILS:  
Casing installed: 4 1/2 Diam. from 180 ft. to 210 ft.  
Welded Liner installed  Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded  Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes  No   
Type of perforator used SKILL SAW  
SIZE of perforations 1/8 in by 7 in.  
42 perforations from 190 ft to 210 ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes  No   
Manufacturer's Name \_\_\_\_\_ Model No. \_\_\_\_\_  
Type \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ 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? \_\_\_\_\_ ft.  
Material used in seal \_\_\_\_\_  
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: \_\_\_\_\_ HP \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level \_\_\_\_\_ ft.  
Static level 116 ft below top of well Date 5-6-98  
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? \_\_\_\_\_  
Yield \_\_\_\_\_ gal./min with \_\_\_\_\_ ft drawdown after \_\_\_\_\_ hrs

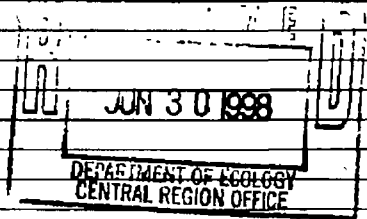
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)  
Time \_\_\_\_\_ Water Level \_\_\_\_\_ Time \_\_\_\_\_ Water Level \_\_\_\_\_ Time \_\_\_\_\_ Water Level \_\_\_\_\_

Date of test \_\_\_\_\_  
Baller test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Airstest 15 gal./min. with stem set at 210 ft. for 1 1/2 hrs.  
Artesian flow \_\_\_\_\_ g.p.m. Date 5-6-98  
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
EXISTING 6" WELL - Capm	0	178
BASALT	178	182
BROKEN BASALT 1/2-1 cm	182	185
BASALT	185	189 1/2
BLACK CLAY	189 1/2	197
BROWN CLAY WRD 20'-20 1/2	197	208
BROWN VERY FINE SAND	208	211



Work Started 5-6 19 \_\_\_\_\_ Completed 5-7 19 98

### 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 TUMWATER DRILLING INC. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address LEAVENWORTH WA

(Signed) [Signature] License No 1249

Contractor's Registration No. TUMWAD2 1330C Date 5-26 19 98

(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.



# WELL LOG CHANGE FORM

**Instructions:** Record any change made to the well log record on this form  
Then always append this form to the well log image File with the original

WCL Log ID (Required) \_\_\_\_\_ Well Log ID \_\_\_\_\_

Regional Office:  CRO  ERO  NWRO  SWRO

Type of Well:  Water  Resource

Notice of Intent \_\_\_\_\_ Ecology Well ID Tag No. \_

Property (Well) Owner's Name \_\_\_\_\_

Well Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Location    1/4-1/4    1/4 Sec    Twn    R    E or W (Circle One)

Lat /Long: (Required) Lat. Deg    Lat. Min/Sec   

Long. Deg.    Long Min/Sec   

Horizontal Collection Method Code   

Tax Parcel No \_\_\_\_\_

Type of Work:  New Well  Reconditioned  Deepened  Decommission

Well Log Received Date   /  /  

Well Diameter    (in inches) Well Depth    (in feet) Well Completed Date   /  /  

Driller's Ecology License No. \_\_\_\_\_

Trainee's Ecology License No \_\_\_\_\_

Reason/Source of Change (Required)

*No Notice of Intent (NOI) sent in for this well log.  
Go to NOI# on this form for more information  
regarding this well.*

Signature of Well Log Tracker (Required)    *Deq Plummer* Date   /  /  

ECY-WR-WLCF Rev. 10/02/02

*ACY059  
W087140  
3/31/03*