



WATER WELL REPORT

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

Construction/Decommission ("x" in circle) **273320**

Construction
 Decommission ORIGINAL INSTALLATION
Notice of Intent Number _____

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 8 inches, drilled 235.6 ft.
Depth of completed well 235.6 ft.

CONSTRUCTION DETAILS
Casing Welded 8 " Diam. from 2.0 ft. to 218 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 213.6"
Manufacturer's Name ALLOY MACHINE
Type SLOTTED Model No. _____
Diam. 7 Slot size 0.50 from 218 ft. to 228 ft.
Diam. 7 Slot size 0.00 from 228 ft. to 235.6 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.
Material used in seal BENTONITE CHIPS
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 137 ft. below top of well Date 7/19/07
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?
Yield: _____ gal./min. with _____ ft. drawdown after _____ 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 20 gal./min. with stem set at 24 ft. for 11 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

CURRENT
Notice of Intent No. WE06949
Unique Ecology Well ID Tag No. ALH962
Water Right Permit No. EXEMPT WELL
Property Owner Name PARADISE SERVICES ASSOCIATION
Well Street Address OLYMPIC DRIVE
City SHELTON **County** MASON
Location SE- 1/4-1/4 NE 1/4 Sec 8 Twn 21N R 2W Check EWM Check Or WWM One
Lat/Long Lat Deg _____ Lat Min/Sec _____
Long Deg _____ Long Min/Sec _____
Tax Parcel No. (Required) 221085500004

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. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
BROWN SANDY LOAM	0	2
BROWN HARD PAN	2	45
BROWN SANDY GRAVEL, LOOSE, MOIST	45	87
GRAY SANDY GRAVEL, SILT BOUND, TIGHT MOIST	87	135
GRAY SILTY GRAVELLY CLAY, TIGHT, DRY	135	160
GRAY SILTY SANDY GRAVEL, WET, TIGHT	160	170
GRAY MEDIUM TO COARSE SANDY GRAVEL, LOOSE	170	185
GRAY SILTY SANDY GRAVEL, TIGHT, WET	185	210
GRAY SILTY SANDY GRAVEL, LOOSE, WET	210	220
GRAY SILTY SANDY GRAVEL	220	232
BROWN CLAY BOUND MEDIUM - LARGE GRAVEL	232	234
BROWN GRAY SILT AND ORGANIC LENSE	234	235.6

RECEIVED
OCT 02 2007
Washington State
Department of Ecology

Start Date 7/12/07 **Completed Date** 7/19/07

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) BRANDON HICKS
Driller/Engineer/Trainee Signature [Signature]
Driller or trainee License No. 2785
Drilling Company ARCADIA DRILLING INC.
Address PO BOX 1790
City, State, Zip SHELTON, WA, 98584
Contractor's Registration No. ARCADDI098K1 Date 7/20/07

IF TRAINEE: Driller's License No: _____
Driller's Signature: _____