Hawkins SP-09-18

Please print, sign and return to the Department of Ecology

Water Well Report

Original – Ecology, 1st copy – owner, 2nd copy – driller

Construction/Decommission 348305

☐ Construction

☐ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

Current Notice of Intent No. W184038

Unique Ecology Well ID Tag No. ALF-247

Water Right Permit No. _____

Property Owner Name LEN HAWKINS

Well Street Address SORENSON RD

City E-BURG County KITTITAS

Location NW 1/4-1/4 NW 1/4 Sec 35 Twn 17 R 19 EWM or WWM ☒ circle one

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

Long Deg _____ Long Min/Sec _____

Tax Parcel No. [redacted] 17925-030-00004

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 ☐ Deepened

Method: ☐ Dug ☐ Bored ☐ Driven ☐ Cable ☒ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 94 ft.

Depth of completed well 94 ft.

CONSTRUCTION DETAILS

Casing: ☒ Welded 6" Diam. from +2 ft. to 38 ft.

Installed: ☐ Liner installed 4½" Diam. from 34 ft. to 94 ft.

☐ Threaded _____" Diam. from _____ ft. to _____ ft.

Perforations: ☒ Yes ☐ No

Type of perforator used SAWSAW

SIZE of perfs ¼ in. by 6 in. and no. of perfs 45 from 34 ft. to 94 ft.

Screens: ☐ Yes ☒ No ☐ K-Pac Location _____

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ from _____ ft. to _____ 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? 30 ft.

Material used in seal HOLEPLUG

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 _____ ft. below top of well Date _____

Artesian pressure 2 lbs. per square inch Date 6/1/05

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 604 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 waters encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
DIRT	0	4
BROWN CLAY & GRAVEL	4	10
BROWN CLAY	10	79
SANDSTONE (Caving WATER	79	94

RECEIVED

AUG 19 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

Start Date 5/31/05 Completed Date 6/1/05

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) CHRIS WINSLOW

Driller/Engineer/Trainee Signature _____

Driller or trainee License No. 2428

Drilling Company HOGEN BROS DRILLING

Address P.O. BOX 993

City, State, Zip SPOKANE, WA 99202

Contractor's Registration No. HOGEBD*008 Date 6/3/05

IF TRAINEE:

Driller's Licensed No. _____

Driller's Signature _____

Ecology is an Equal Opportunity Employer. ECY 050-1-20 (Rev 2/03)

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