

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

WATER WELL REPORT

Start Card No W 170637
 Unique Well I D #
 Water Right Permat No

STATE OF WASHINGTON

143654

(1) OWNER Name **EGAN, TIMOTHY J** Address **20406 57TH AVE SE WOODINVILLE, WA 98072-**

(2) LOCATION OF WELL County **KITTITAS** SE 1/4 NE 1/4 Sec 02 T 19 N, R 15E WM

(2a) STREET ADDRESS OF WELL (or nearest address) **279 IRON MTN RD, CLR BLUM**

(3) PROPOSED USE **DOMESTIC**

(10) WELL LOG

(4) TYPE OF WORK
NEW WELL/ABANDN
 Owner's Number of well (If more than one) **1**
 Method **ROTARY**

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 in formation

(5) DIMENSIONS
 Drilled **317** ft Diameter of well **6** inches
 Depth of completed well **000** ft

MATERIAL	FROM	TO
BROWN CLAY	0	21
BROWN CLAY GRAVEL	21	73
BROWN SILT (Y)	73	112
GRAY SILTY CLAY	112	161
GRAY CLAY BLACK GRAVEL	161	162
GRAY SHALE WITH CLAY LAYER(S)	162	287
GRAY CLAY GRANITE GRAVEL	287	295
GRAY SHALE WITH CLAY LAYER(S)	295	313
CLAY SANDSTONE	295	313
GRAY CLAY	313	317

(6) CONSTRUCTION DETAILS
 Casing installed **PULLED**
 Dia from **0** ft to **317** ft
 Dia from **ft** to **ft**
 Dia from **ft** to **ft**

Perforations **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 **NO**
 Manufacturer's Name
 Type Model No
 Diam slot size from ft to ft
 Diam slot size from ft to ft

Gravel packed **NO**
 Gravel placed from ft to ft. Size of gravel ft.

Surface seal **YES** To what depth? ft
 Material used in seal **BENTONITE**
 Did any strata contain unusable water? **NO**
 Type of water? Depth of strata ft
 Method of sealing strata off **SEAL METHOD 1**

(7) PUMP Manufacturer's Name
 Type H P

(8) WATER LEVELS Land-surface elevation above mean sea level ft
 Static level ft below top of well Date **10/11/03**
 Artesian Pressure lbs per square inch Date
 Artesian water controlled by

Work started **10/10/03** Completed **10/11/03**

(9) WELL TESTS Drawdown is amount water level is lowered below static level
 Was a pump test made? **NO** If yes, by whom?
 Yield gal/min with ft drawdown after hrs

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

Recovery data
 Time Water Level Time Water Level Time Water Level

NAME **TUNWATER DRILLING, INC**
 (Person, firm, or corporation) (Type or print)

Date of test gal/min ft drawdown after hrs
 Bailer test gal/min w/ stem set at ft for hrs
 Air test 0 gal/min w/ stem set at ft for hrs
 Artesian flow g p m Date
 Temperature of water Was a chemical analysis made? **NO**

ADDRESS **P.O. BOX 777**
 [SIGNED] *[Signature]* License No **1249**
 Contractor's Registration No **TUNWAD 011 LZ** Date **11/30/03**

