

WELL LOG SUMMARY
TWN 18N RGE 19E

Depth (ft)	Flow (gpm)	Static Level (ft)	1/4 1/4 Section
420	12	50	SW/NW Sec. 20
160	20	45	SE/NW Sec. 20
180	22	48	SE/NW Sec. 20
320	9	80	SE/NW Sec. 20
260	14	100	SW/NE Sec. 20
160	15	53	NE/NW Sec. 20
400	30	70	NE/NW Sec. 20
420	8	70	NW/NW Sec. 20
180	25	60	NW/NW Sec. 20
178	28	47	SE/NE Sec. 19
460	60	137	NE/SE Sec. 19
AVERAGE DEPTH =	AVERAGE FLOW=	AVERAGE S.L. =	
285	22	69	



April 9, 2007

Kittitas County Health Department
411 N. Ruby Street Suite 3
Ellensburg, WA 98926

ATTN: Catherine Bambrick, M.S.
RE: Akehurst Short Plat

Dear Ms. Bambrick:

This letter is written as a water availability report to present information that would indicate that potable water is likely to be attained by drilling individual wells on the proposed short plat lots or that a shared well could meet the water demands of the short plat.

The proposed short plat lies adjacent to Brick Mill Road along the southern boundary and approximately one half of a mile east of Wilson Creek in the northwest quarter of Section 20, Township 18 North, Range 19 East, W.M. The site generally slopes from north to south across the parcel.

Data on existing well logs was gathered within approximately one half of a mile from the proposed short plat. Well logs were obtained for nine wells in Section 20 and two wells in Section 19. The well logs indicate a high probability of encountering potable water.

The wells vary in depth from 160 feet to 460 feet with the average depth for the eleven wells at 285 feet. The well production quantities vary from 8 gallons per minute to 60 gallons per minute with the average for the eleven wells at 22 gallons per minute. The static water level in the wells varies from 45 to 137 feet with the average level at 69 feet.

Based on the well log information, I recommend the Akehurst Short Plat be approved because of the probability that individual wells could be drilled on the lots or a shared well could be drilled to serve two lots. This recommendation is based on the existence and productivity of the wells previously mentioned. This recommendation should not be construed to be a guarantee that wells can be drilled at any particular location or depth and there is no guarantee on the production of the well(s).

April 9, 2007

Page 2

Thank you for your consideration. Please call me if you have any questions.

Very truly yours,

ENCOMPASS ENGINEERING AND SURVEYING

A handwritten signature in black ink, appearing to read "Chad Allen", with a long horizontal flourish extending to the right.

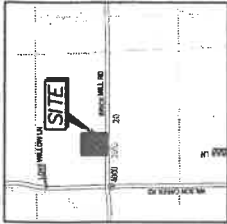
Chad Allen, P.E.

Enclosures

Cc: Don Akehurst

AKEHURST SHORT PLAT

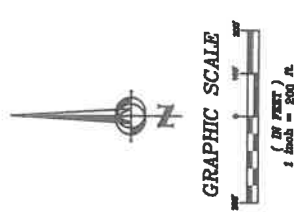
A PORTION OF THE NW 1/4 OF SECTION 20, T.18N., R.19E., W.M.
KITITAS COUNTY, STATE OF WASHINGTON



VICINITY MAP
MPS

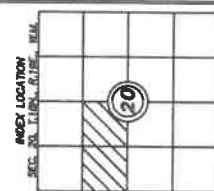
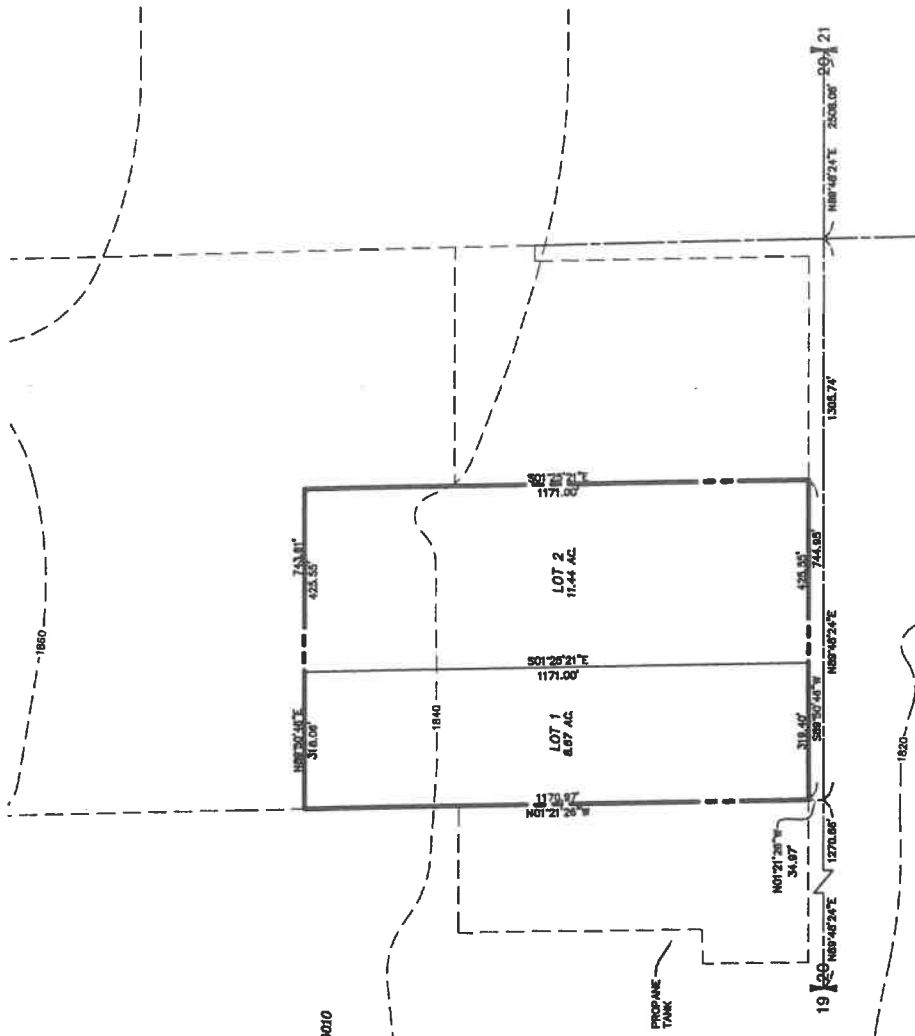
OWNER:
DON AKEHURST
2161 BRICK MILL ROAD
ELLENBURG, WA, 99028

TAX PARCEL #18-19-20020-0005, -0006, -0010
ACREAGE: 20.00 ACRES
WATER SOURCE: INDIVIDUAL WELLS
SEWER SOURCE: SEPTIC & DRAINFIELD
ZONE: AG-50



LEGEND

- QUARTER CORNER AS NOTED
- FOUND REBAR & CAP
 - SET REBAR & CAP
- 234916092
- THE CONTOURS SHOW HEIGHTS WERE APPROXIMATED. CERTAIN INTERVALS-CHECKED EXCEL. VERTICAL DATUM: NAVD 83



Encompass
ENGINEERING & SURVEYING
108 EAST 2ND STREET
CLE ELUM, WA 99022
PHONE: (509) 674-7433
FAX: (509) 674-7418

AKEHURST SHORT PLAT
A PTL. OF THE NW 1/4 OF SECTION 20, T.18N., R.19E., W.M.
KITITAS COUNTY, STATE OF WASHINGTON

DWN BY	M.FAIOLA	DATE	04/2007
CRD BY	D.NELSON	SCALE	1"=200'
JOB NO.	062961	SHEET	1 OF 2

RECORDER'S CERTIFICATE

Filed for record this _____ day of _____, 20____ at _____ M in book _____ of _____ at page _____ at the request of _____

DAVID P. NELSON
Surveyor's Name

ERALD V. PETTIT
County Auditor

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Survey Recording Act of the request of **DON AKEHURST**.

DAVID P. NELSON
Surveyor's Name

ERALD V. PETTIT
County Auditor

Certificate No. 18092



APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200____

KITITAS COUNTY ENGINEER

KITITAS COUNTY HEALTH DEPARTMENT

PRELIMINARY INSPECTION INDICATED SOL CONDITIONS MAY ALLOW USE OF SEPTIC TANKS AS A TEMPORARY MEANS OF SEWAGE DISPOSAL FOR SOME, BUT NOT ALL, PARCELS. THE PLANNING DEPARTMENT HAS BEEN ADVISED TO MAKE INQUIRIES AT THE COUNTY HEALTH DEPARTMENT ABOUT ISSUANCE OF SEPTIC TANK PERMITS FOR THIS PARCEL.

DATED THIS _____ DAY OF _____ A.D., 200____

KITITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY PLANNING DIRECTOR

I HEREBY CERTIFY THAT THE AKEHURST SHORT PLAT HAS BEEN EXAMINED BY ME AND FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITITAS COUNTY PLANNING COMMISSION.

DATED THIS _____ DAY OF _____ A.D., 200____

KITITAS COUNTY PLANNING DIRECTOR

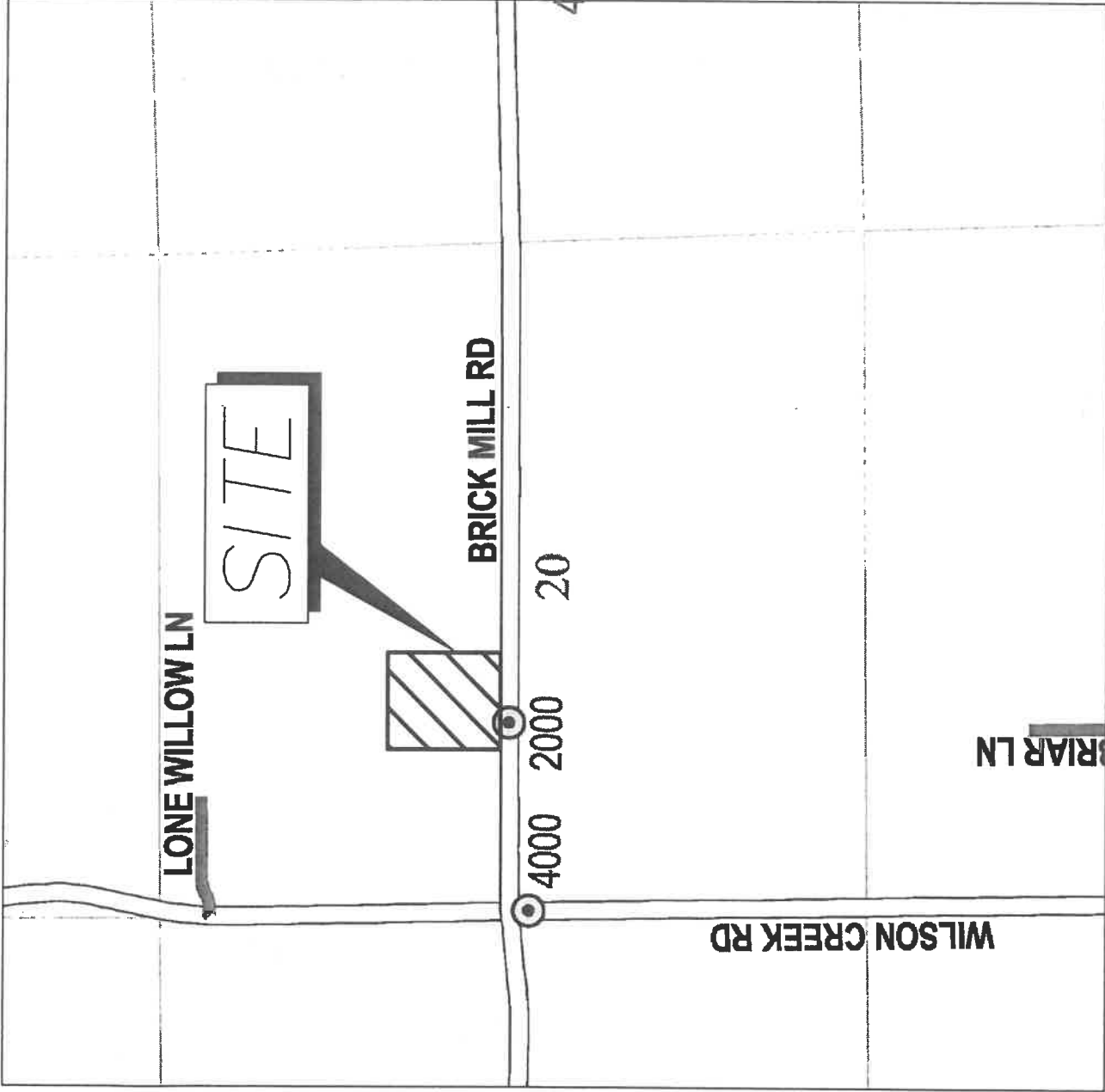
CERTIFICATE OF KITITAS COUNTY TREASURER

I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.

PARCEL NO. 20-19-34010-0003

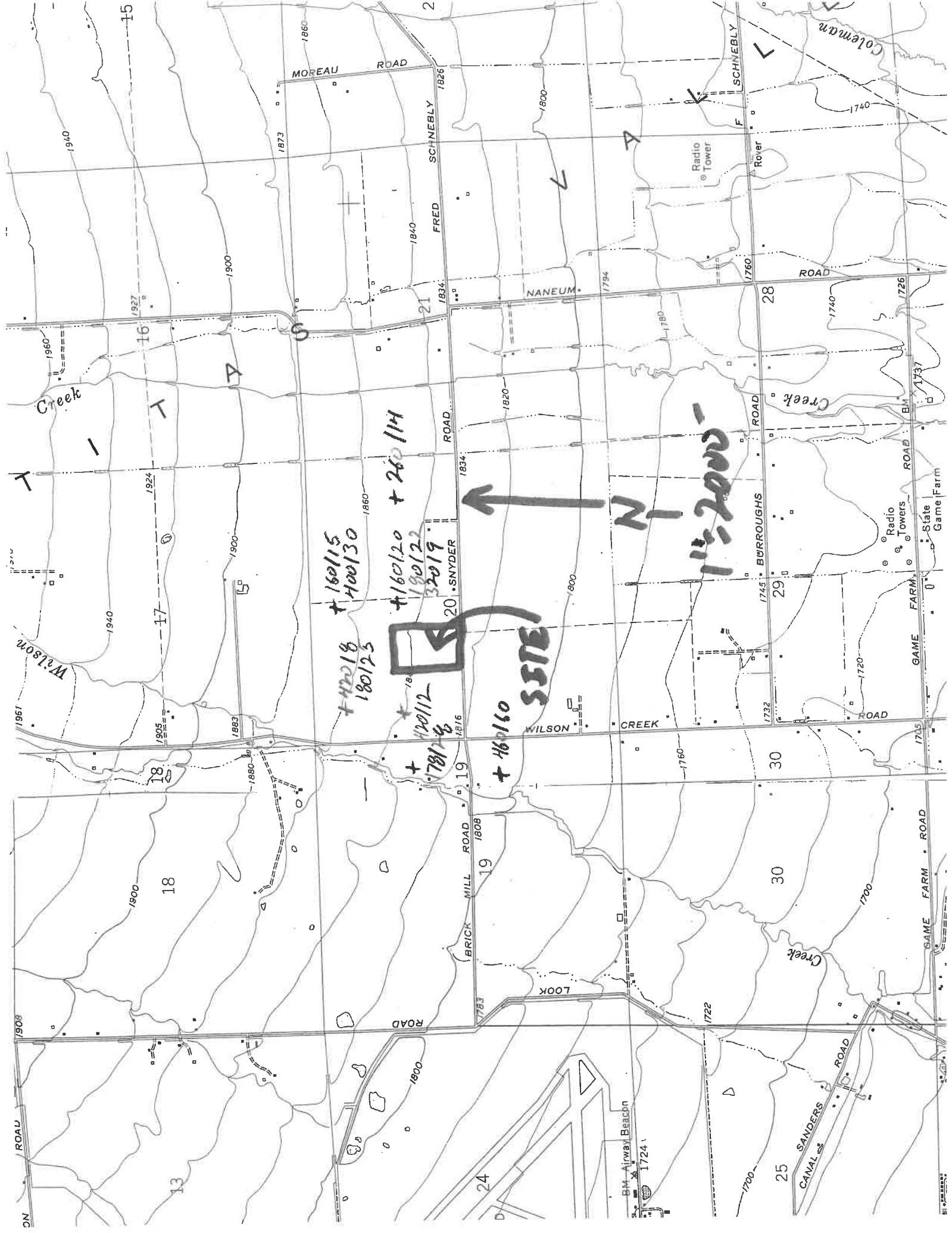
DATED THIS _____ DAY OF _____ A.D., 200____

KITITAS COUNTY TREASURER



VICINITY MAP

NTS



15
1940
1927
1960

16
1924
1940
1905
1961

17
1940
1905
1961

18
1900
1880
1961

19
1808
1783

20
1834
1860

21
1840
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1860

18
1900
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28
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1726

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30
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1732

31
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1732

+42018
180123

+160115
460130

+160120 + 260114
180122
32019

+420112
178116

+460160

(SSTE)

N ↑

11-2000-

ON ROAD

Creek

Wilson

ROAD

BRICK MILL ROAD

LOOK

WILSON CREEK

NANEUM

FRED SCHNEBLY ROAD

MOREAU ROAD

SANDERS CANAL ROAD

BURROUGHS ROAD

ROAD

SCHNEBLY

Creek

Creek

Coleman

BM - Airway Beacon

Radio Tower

Radio Tower

Radio Towers

State Game Farm

State Game Farm

State Game Farm

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

WATER WELL REPORT

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

Construction/Decommission ("x" in circle)
 Construction 210796
 Decommission ORIGINAL CONSTRUCTION Notice of Intent Number _____

CURRENT
 Notice of Intent No. W209259
 Unique Ecology Well ID Tag No. ALE987
 Water Right Permit No. _____

PROPOSED USE: Domestic Industrial Municipal
 DeWater Irrigation Test Well Other

Property Owner Name Craig & Kelly West
 Well Street Address 2331 Brock Mill Road

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

City Ellensburg County: Kittitas
 Location SE 1/4-1/4 W 1/4 Sec 20 Twn 18 R 19 EWM circle or one WWM

DIMENSIONS: Diameter of well 6 inches, drilled 190 ft.
 Depth of completed well 190 ft.

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

CONSTRUCTION DETAILS
 Casing Welded 6 " Diam. from +4 ft. to 157 ft.
 Installed: Liner installed _____ ft. to _____ ft.
 Threaded _____ " Diam. from _____ ft. to _____ ft.

Tax Parcel No. 18-19-20020-0009 F

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.)

Perforations: Yes No
 Type of perforator used _____
 SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

MATERIAL	FROM	TO
top soil	0	5
gravel, cobbles	5	30
gravel	30	95
clay	95	110
gravel	110	125
clay	125	132
gravel	132	155
gravel/sandstone	155	190

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? 20 ft.
 Materials used in seal benonite/cement
 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. _____

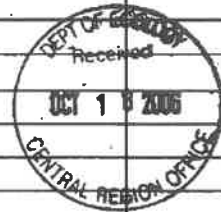
WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
 Static level 48 ft. below top of well Date 10/12/06
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (cap, valve, etc.)

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
_____	_____	_____	_____
_____	_____	_____	_____

Date of test _____
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airtest 20-25 gal./min. with stem set at 140 ft. for 2 1/2 hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

Start Date 10/11/06 Completed Date 10/12/06



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) Jeremy Boach
 Driller/Engineer/Trainee Signature _____
 Driller or Trainee License No. 2536

Drilling Company Boach Drilling
 Address 3340 W. 150th Creek
 City, State, Zip Ellensburg WA 98926
 Contractor's MIKE BOC
 Registration No. _____ Date 10/12/06

If trainee, licensed driller's Signature and License no. _____

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

WATER WELL REPORT

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

Construction/Decommission ("x" in circle) 183 551

Construction
 Decommission ORIGINAL CONSTRUCTION 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 6 inches, drilled 320 ft.
 Depth of completed well 320 ft.

CONSTRUCTION DETAILS
 Casing Welded 6" Diam. from +3 ft. to 238 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 _____
 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? 20 ft
 Materials used in seal Benonite
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

PUMP: Manufacturer's Name _____ H.P. _____
 Type: _____

WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
 Static level 80 ft. below top of well Date 9/29/2005
 Artesian pressure na lbs. per square inch Date _____
 Artesian water is controlled by na (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

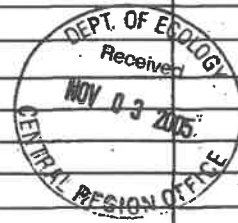
 Date of test _____
 Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airstest 8-10 gal./min. with stem set at 300 ft. for 2 1/2 hrs.
 Artesian flow na g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

CURRENT
 Notice of Intent No. W227559
 Unique Ecology Well ID Tag No. ALF 439
 Water Right Permit No. _____

Property Owner Name Philand Carol Belous
 Well Street Address 81 Love Willow Lane
 City Ellensburg County: Kittitas
 Location SE 1/4 1/4 NW 1/4 Sec 20 Twn R19 W19 or one
 Lat/Long: Lat Deg _____ Lat Min/Sec _____
 (s,t,r still REQUIRED) Long Deg _____ Long Min/Sec F
 Tax Parcel No. 18-19-20 020 0004

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
Dirt, rubble	0	5
gravel	5	147
clay	147	150
gravel	150	155
clay	155	170
gravel	170	180
sandstone with clay	180	190
gravel	190	197
clay with sandstone	197	210
gravel	210	230
sandstone	230	234
rock	234	320



Start Date 9/26/2005 Completed Date 9/29/2005

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) Jeremy Bach
 Driller/Engineer/Trainee Signature [Signature]
 Driller or Trainee License No. 2531

Drilling Company Bach Well Drilling
 Address 3340 Wilson Creek
 City, State, Zip Ellensburg WA 98926
 Contractor's Registration No. MTKFBDC13204 Date 9/29/2005

If trainee, licensed driller's Signature and License no. _____

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

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No. **W45006**
Unique Well I.D. # **ABP011**
Water Right Permit No.

(1) OWNER: Name **ARNOLD, BILL** Address **4700 WILSON CREEK ROAD ELLENBURG, WA 98926-**

(2) LOCATION OF WELL: County **KITTITAS** - NW 1/4 NW 1/4 Sec 20 T 10 N., R 19E W1
(2a) STREET ADDRESS OF WELL (or nearest address),

(3) PROPOSED USE: **DOMESTIC** (10) WELL LOG

(4) TYPE OF WORK: **RECONDITIONED** 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 ft. Diameter of well & Depth of completed well inches ft. MATERIAL FROM TO

(6) CONSTRUCTION DETAILS: Casing installed: **6** " Dia. from 0 ft. to **300** ft. **WELDED** **4** " Dia. from 0 ft. to **420** ft. " Dia. from ft. to ft. PULLED LINER, PERFORATED 6" CASING FROM 155' TO 185'

Perforations: **YES**
Type of perforator used **SKILL SAW**
SIZE of perforations **1/8** in. by **11** in.
60 perforations from **300** ft. to **420** ft.
30 perforations from **135** ft. to **185** ft.
perforations from ft. to ft.

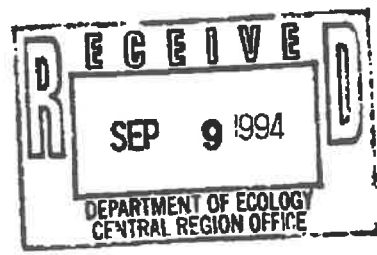
Screens: **NO**
Manufacturer's Name Type Model No. ft. to ft.
Diam. slot size from ft. to ft.
Diam. slot size from ft. to ft.

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

Surface seal: **NO** To what depth? ft.
Material used in seal
Did any strata contain unusable water? **NO**
Type of water? Depth of strata ft.
Method of sealing strata off

(7) PUMP: Manufacturer's Name Type H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.
Static level **70** ft. below top of well Date **08/17/94**
Artesian Pressure lbs. per square inch Date
Artesian water controlled by
Work started **08/16/94** Completed **08/17/94**



(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. MELL 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 **PONDORON DRILLING** (Person, firm, or corporation) (Type or print) ADDRESS **E 6010 BROADWAY** (SIGNED) *[Signature]* License No. **2154** Contractor's Registration No. **PC-ND-E10046JE** Date **08/24/94**
Date of test / / Bailer test gal./min. ft. drawdown after hrs. Air test @ gal./min. w/ stem set at ft. for hrs. Artesian flow g.p.s. Date Temperature of water Was a chemical analysis made? **NO**

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

38796

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

Start Card No. W052038
UNIQUE WELL I.D. # A2523

(1) OWNER: Name Ralph Strander 1681 Bonney Lake Ellensburg, Wa.
(2) LOCATION OF WELL: County Kittitas SE 1/4 NE 1/4 Sec 19 T 18 N. R. 19E W.M.
(3a) STREET ADDRESS OF WELL (or nearest address) Buck Mill Rd

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 180 feet. Depth of completed well 178 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 ft. Diam. from 7 ft. to 176 ft.
Weided Diam. from _____ ft. to _____ ft.
Liner installed Diam. from _____ ft. to _____ ft.
Threaded

Perforations: Yes 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: 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? 18 ft.
Material used in seal Bentonite
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____ H.P. _____
Type: _____

(8) WATER LEVELS: Land-surface elevation _____ ft.
Static level 47 ft. below top of well Date _____
Artisan pressure _____ lbs. per square inch Date _____
Artisan 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 or 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 _____
Batter top _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
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
Top Soil	0	4
Clay & Boulders	4	31
Cemented gravel	31	84
Brown Clay	84	162
gravel	162	164
Soft Sand Stone & water	164	178

DEC 14 1994

Work Started 10-1 19. Completed 10-8 1994

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 Mathews Drilling
Address 9455 Stone Crest Rd
(Signed) Mathews License No. 1267

Contractor's Registry No. MATHEDCIBS 10294

(USE ADDITIONAL SHEETS IF NECESSARY)

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

Notice of Intent **W176554**
UNIQUE WELL I.D. # **ALF456**

Water Right Permit No. _____

166348

(1) OWNER: Name **LEON SIGLER** Address **1160 BRICK MILL RD, ELLENSBURG, WA 98926**
(2) LOCATION OF WELL: County **KITTITAS** - **NE 1/4 SE 1/4 Sec 19 T. 18 N.R 19 W.M.**
(2a) STREET ADDRESS OF WELL (or nearest address) **1160 BRICK MILL RD ELLENSBURG WA**
TAX PARCEL NO. **181919-040-0002**

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

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

(5) DIMENSIONS: Diameter of well **6** inches.
Drilled **460** feet. Depth of completed well **460** ft.

(6) CONSTRUCTION DETAILS:
Casing installed:
 Welded **6** " Diam. from **+3** ft. to **298** ft.
 Liner installed **4 1/2** " Diam. from **280** ft. to **460** ft.
 Threaded _____ " Diam. from _____ ft. to _____ ft.

Perforations: Yes No
Type of perforator used **SKILLSAW**
SIZE of perforations **1/8** in. by **6** in.
45 perforations from **420** ft. to **460** ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ 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 _____
Material placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? **298** ft.
Material used in seal **BENTONITE**
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____ H.P. _____
Type: _____

(8) WATER LEVELS: Land-surface elevation _____ ft.
above mean sea level _____ ft.
Static level **137** ft. below top of well Date **12/21/2004**
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.
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 _____
Bailey test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airtest **60** gal./min. with stem set at **460** ft. for **1** hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analyses made? Yes No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION:
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.

MATERIAL	FROM	TO
SOIL	0	2
SOIL GRAVEL & SMALL BOLDERS	2	4
CLAY GRAVEL & SMALL BOLDERS	4	87
CLAY & CLAY & GRAVEL LAYERS	87	191
SANDSTONE & CLAY	191	253
GRAVEL & SAND	253	272
CLAY	272	275
BASALT BLACK BROWN SOFT	275	309
CLAY	309	325
CLAY & BASALT BLACK BROWN	325	329
CLAY	329	347
BASALT BLACK BROWN	347	359
CLAY SHALE BROWN	359	370
BASALT BLACK & BLUE SHALE CLAY	370	390
BASALT BLACK & CLAY BROWN	390	419
CLAY BROWN	419	427
BASALT BLACK & GREEN SHALE CLAY	427	436
BASALT BLACK BROWN	436	450
CLAY	450	459
BASALT BLACK BROWN & CLAY BROWN	459	461

60 GPM @ 460
40 GPM @ 400
35 GPM @ 340
25 GPM @ 280
10 GPM @ 220



Work Started **12/20/2004**, 19. Completed **12/21/2004**, 19

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.

Type or Print Name **TOM MCGUIRE** License No. **0357**
(Licensed Driller/Engineer)

Trainee Name _____ License No. _____

Drilling Company **RICK POULIN WELL DRILLING**

(Signed) *Tom McGuire* License No. **0357**
(Licensed Driller/Engineer)

Address **1301 LANCASTER RD SELAH, WA 98942**

Contractor's Registration No. **RICKPWD042J2** Date **12/21/04**, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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