

WATER WELL REPORT

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STATE OF WASHINGTON

Notice of Intent **W189069**
UNIQUE WELL I.D. # **ALC961**

Water Right Permit No. **G4-35010**

(1) OWNER: Name **BRAD DELP** Address **3210 EAST ZILLAH DR, ZILLAH, WA 98953**
(2) LOCATION OF WELL: County **YAKIMA** - **SE 1/4 SE 1/4 Sec 07 T. 11 N.R 21 W.M.**
(2a) STREET ADDRESS OF WELL (or nearest address) **BAILEY RD ZILLAH**
TAX PARCEL NO. **211107-44001**

(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 _____ inches.
Drilled _____ feet. Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:
Casing Installed:
 Welded _____ " Diam. from _____ ft. to _____ ft.
 Liner installed _____ " Diam. from _____ ft. to _____ ft.
 Threaded _____ " Diam. from _____ ft. to _____ ft.

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 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? _____ 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: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level _____ ft. below top of well Date _____
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
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Date of test _____

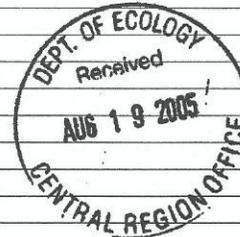
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analyses made? Yes No

(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
BASALT BLACK HARD	704	727

150 GPM @ 700
130 GPM @ 620
80 GPM @ 540



Work Started **7/13/2005**, 19. Completed **7/22/2005**, 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 INC.**

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

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

Contractor's Registration No. **RICKPWD042J2** Date **7/23/2005**, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (360) 407-6600. The TDD number is (360) 407-6006.

File Original and First Copy with
Department of Ecology
Second Copy - Owner's Copy
Third Copy - Driller's copy

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(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: _____
 Deepened Dug Bored
 Reconditioned Cable Driven
 Decommission Rotary Jetted

(5) DIMENSIONS: Diameter of well **8** inches.
Drilled **727** feet. Depth of completed well **727** feet.

(6) CONSTRUCTION DETAILS:

Casing Installed:

Welded **8** " Diam. from **+3** ft. to **623** ft.
 Liner installed _____ " Diam. from _____ ft. to _____ ft.
 Threaded _____ " Diam. from _____ ft. to _____ ft.

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 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? **330** 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 _____
Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation _____ ft.
above mean sea level _____ ft.

Static level **365** ft. below top of well Date **7/22/2005**

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
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Date of test _____

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Airtest **150** gal./min. with stem set at **700** 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	4
SANDSTONE	4	12
SAND & GRAVEL	12	21
CLAY	21	26
GRAVEL	26	30
SANDSTONE & CLAY	30	51
GRAVEL	51	54
SANDSTONE & CLAY	54	156
CLAY	156	228
SANDSTONE & SHALE CLAY H2O	228	245
SHALE CLAY & CLAY LAYERS	245	273
BASALT BLACK BROWN & BLUE SHALE CLAY	273	284
BASALT BLACK	284	314
SANDSTONE	314	340
CLAY	340	352
SHALE CLAY GREEN	352	422
SANDSTONE & SAND GREEN	422	430
SAND GREEN H2O	430	477
SHALE CLAY GREEN & SAND LAYERS	477	487
SHALE CLAY GREEN	487	525
SANDSTONE & SAND LAYERS GREEN H2O	525	535
SAND	535	555
SHALE CLAY GREEN	555	623
BASALT BLACK & BLUE SHALE CLAY SOFT	623	627
BASALT BLACK	627	639
BASALT & BLUE SHALE CLAY SOFT	639	648
BASALT BLACK SOFT	648	660
BASALT RED SOFT	660	666
BASALT BLACK	666	670
BASALT BLACK & BLUE SHALE CLAY SOFT	670	673
BASALT BLACK BROWN	673	685
BASALT BLACK GREY	685	689
BASALT BLACK	689	704

Continued on next page

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