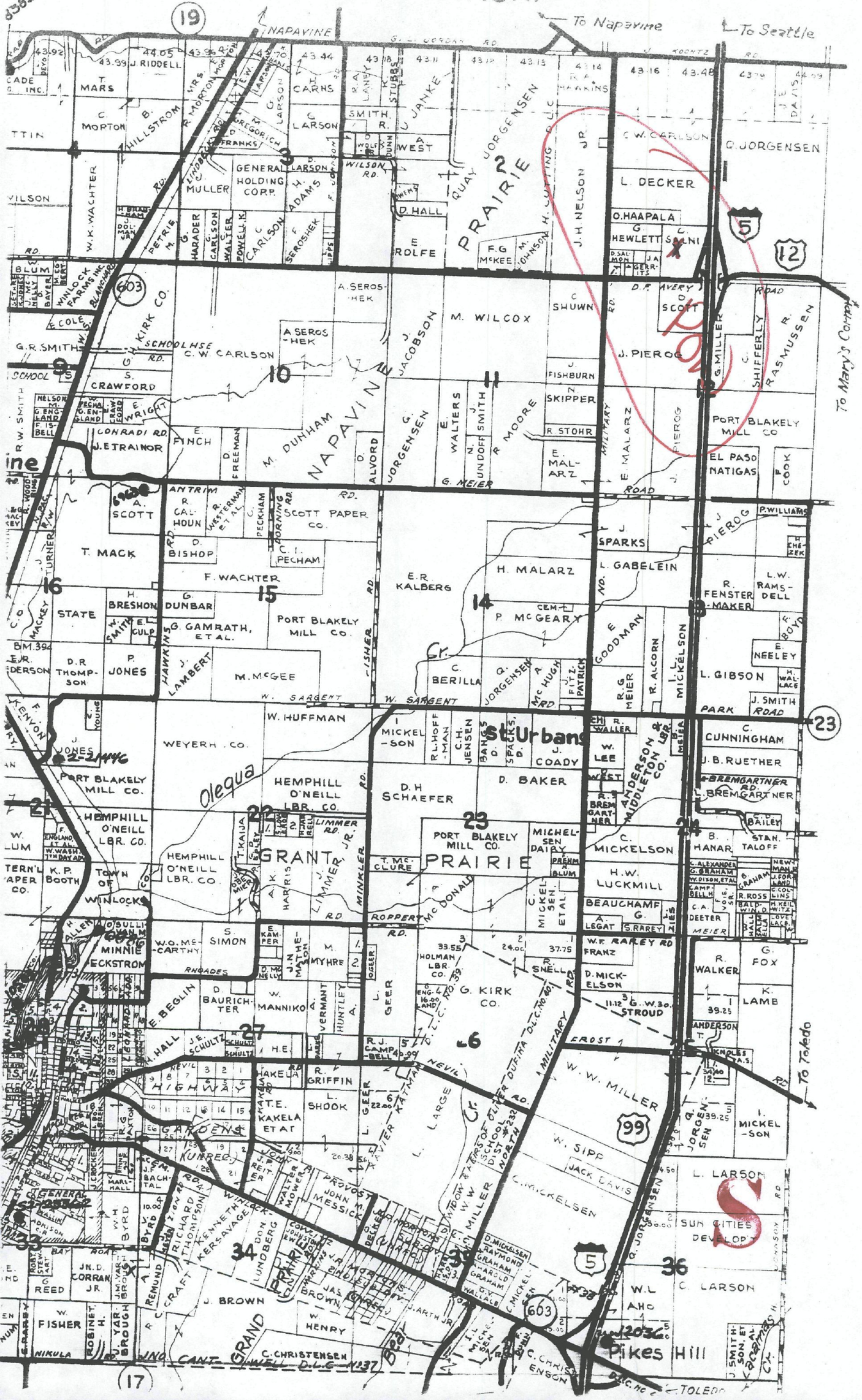
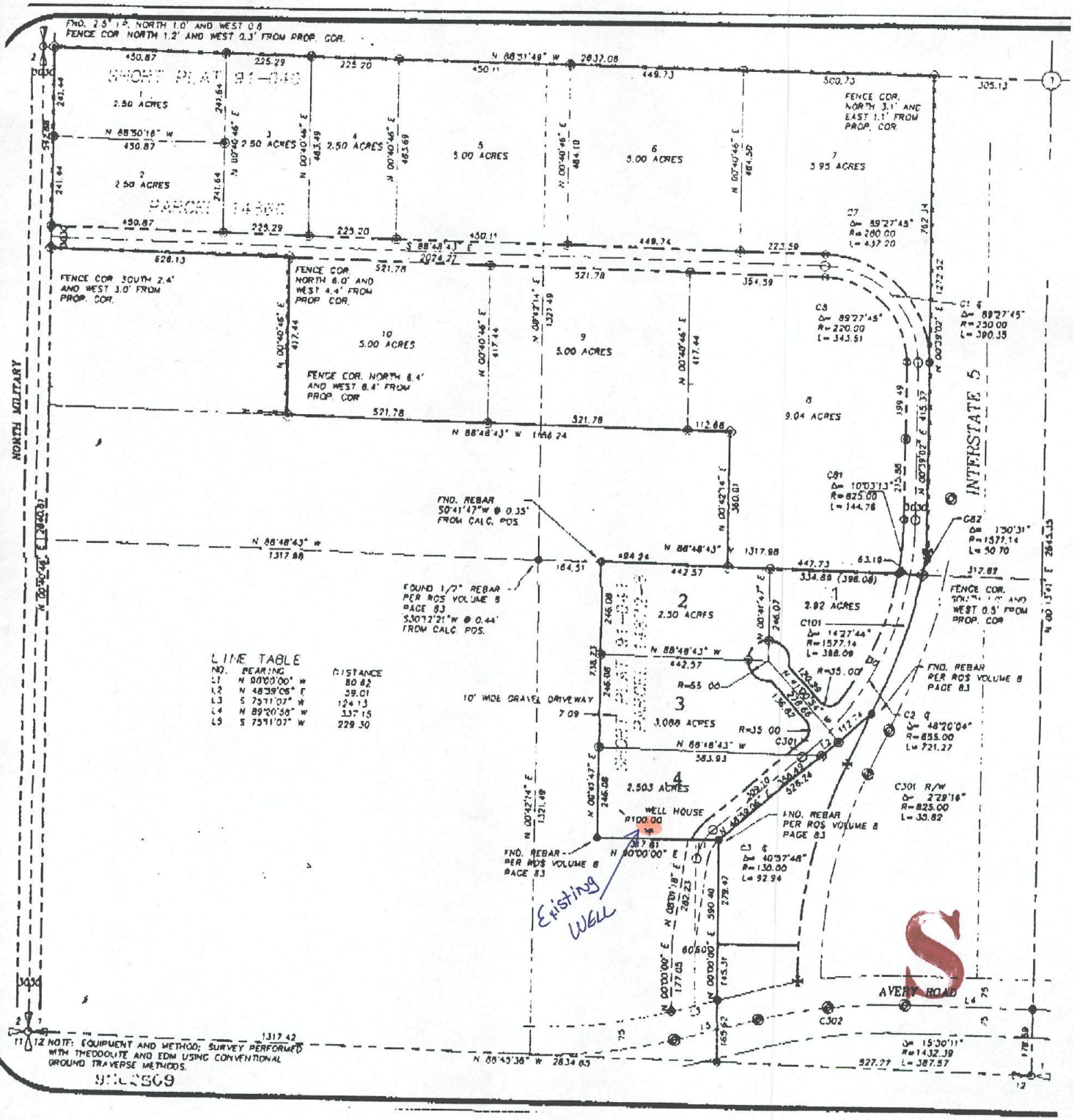
OWNSHIP 12 N., RANGE 2 W. W. M.

LEWIS COUNTY, WASH.




FND. 2.5" I.P. NORTH 1.0' AND WEST 0.8
FENCE COR NORTH 1.2' AND WEST 0.3' FROM PROP. COR.
SHORT PLAT 91-040
PARCEL 14360
1 2.50 ACRES
2 2.50 ACRES
3 2.50 ACRES
4 2.50 ACRES
5 5.00 ACRES
6 5.00 ACRES
7 5.95 ACRES
FENCE COR. NORTH 3.1' AND EAST 1.1' FROM PROP. COR.
FENCE COR. SOUTH 2.4' AND WEST 3.0' FROM PROP. COR.
FENCE COR. NORTH 6.0' AND WEST 4.4' FROM PROP. COR.
10 5.00 ACRES
9 5.00 ACRES
FENCE COR. NORTH 6.4' AND WEST 6.4' FROM PROP. COR
8 9.04 ACRES
NORTH MILITARY
INTERSTATE 5
FND. REBAR S0°41'47"W @ 0.35' FROM CALC. POS.
FOUND 1/2" REBAR PER ROS VOLUME 8 PAGE 83 S30°12'21"W @ 0.44' FROM CALC. POS.
2 2.50 ACRES
1 2.92 ACRES
FENCE COR. SOUTH 1.0' AND WEST 0.5' FROM PROP. COR
FND. REBAR PER ROS VOLUME 8 PAGE 83
10' WIDE GRAVEL DRIVEWAY
3 3.088 ACRES
4 2.503 ACRES
WELL HOUSE
FND. REBAR PER ROS VOLUME 8 PAGE 83
Existing WELL
AVERY ROAD
LINE TABLE
NO. BEARING DISTANCE
L1 N 90°00'00" W 80.62
L2 N 48°39'06" E 59.01
L3 S 75°11'07" W 124.13
L4 N 89°20'58" W 337.15
L5 S 75°11'07" W 229.30
NOTE: EQUIPMENT AND METHOD; SURVEY PERFORMED WITH THEODOLITE AND EDM USING CONVENTIONAL GROUND TRAVERSE METHODS.

1998 Well Pump TEST

SKYLINE PUMP & MACHINE, INC.
333 N. Prairie Rd.
Chehalis, WA 98532
(360) 262-9580

WELL PUMP TEST

NAME Central Pacific Timber Prod. DATE 6-3-98

ADDRESS 1214 Harrison Ave, Centralia, Wa (Chris Nichols)

PROJECT Test Pump Well Supplying Mustard Seed & Texico Sta

WELL SIZE 6 in DEPTH 120 ft STATIC LEVEL 15 ft

PUMP TYPE Sub. MODEL Berkeley 4CL17-3 H.P. 3 VOLTAGE 230 PHASE 1

TIME	PUMPING LEVEL	G.P.M	BACK PRESSURE	NOTES: WATER CONDITION	RECOVERY TIME	RECOVERY LEVEL
Start						
10:15AM	15'	45	0		2:45 PM	104'
10:16	50			Clear	2:45:30	95
10:17	65				2:46	83
10:17:30	69				2:46:30	73
10:18	80				2:47	67
10:18:30	85				2:48	53
10:19	92			Clear	2:49	43
10:19.30	97			Clear w/Lite Sand	2:50	34
10:20	104	45/36			2:51	28
10:21		36			2:52	24
10:24		35			2:53	21
10:30		34		Clear w/Lite Sand	2:54	18
10:45				Clear	2:55	16.5
11:15					2:56	15.5
11:45					2:57	15
12:30 PM					End Test	
1:00						
2:00						
2:45 PM	104'	34	0	Clear		
Pump Off						

COMMENTS:

[signature]

1988 Pump TEST

Well Pump Test

Name MUSTARD SEED RESTURANT Date 5/22/88

Address 107 B AVERY RD. CHEHALIS WA. 98532

Project JAME

Well Size 6" Depth 120' Static Level 18'-0"

Pump Motor Model BERKELEY H. P. 2 Voltage 230 PH 1 ϕ

Time	Water Condition	Pumping Level	G.P.M.	Back Pressure	Recovery TIME	Recovery LEVEL	
8:20 A		18'	0		12:35	94'	
8:20 AM	CLOUDY	18'	37.5	30	12:40	46'	
8:30	"	46'	37.5	"	12:50	21'	
8:40	CLEAR	70'	37.5	"	1:00	19'	
8:50	"	88'	37.5	"			
9:00	"	93'	37.5	"			
9:00	"	93'	34	35			
9:30	"	93'	34	35			
9:50	"	94'	34	35			
10:25	"	94'	34	"			
11:00	"	94'	"	"			
11:30	"	94'	"	"			
12:00	"	94'	"	"			
12:35	"	94'	"	"			
12:35	"	94'	0	0			

Comments: WELL PRODUCTION 1/2 GAL/FT. OF DROP ±

WELL PUMP INTAKE AT 102' ±

DON BARTON
CHEHALIS PUMP & ELECTRIC INC.

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

Application No. .....
Permit No. .....

(1) OWNER: Name CLYDE SALMI Address 122 AVERY ROAD W. CHEHALIS

(2) LOCATION OF WELL: County LEWIS — SE ¼ SW ¼ Sec. 1 T. 12 N., R. 2W W.M.

Bearing and distance from section or subdivision corner

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

(4) TYPE OF WORK: Owner's number of well (if more than one) ....

New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 120 ft. Depth of completed well 120 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from +1 ft. to 119 ft.
Threaded ☐ " Diam. from ft. to ft.
Welded ☒ " 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 ☒
Manufacturer's Name
Type Model No.
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 cement
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 13' 10" ft. below top of well Date 4/20/87
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.
" " " "
" " " "

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 35 gal./min. with 86 ft. drawdown after 1 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

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 formation.*

MATERIAL	FROM	TO
SOIL	0	1.5
clay-moist-few rocks	1.5	40
clay scattered rocks	40	75
gravel, sand, boulders, clay	75	100
gravel, sand compacted	100	120
water bearing from 45' to 120'+		

KING BROS. DRILLING, INC.
P.O. BOX 376
CENTRALIA, WA 98531
OFFICE: 736-7220

Work started 4-13-87, 19.... Completed 4-21-87, 19....

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME (Person, firm, or corporation) (Type or print)

Address

[Signed] EDWIN C. KING CWD (Well Driller)

License No. 243 Date 4/21/87, 19....

(USE ADDITIONAL SHEETS IF NECESSARY)

Lewis County Health District

HEALTH SERVICES BUILDING
P.O. BOX 706
Chehalis, Washington
98532

December 27, 1988

Norman Kjesbu
C/O Norm's Mustard Seed
104A Avery Road West
Chehalis, WA 98532

Dear Mr. Kjesbu:

Subject: Mustard Seed Public Water Supply

We have received the covenants and the information from Mr. Schwiesow and hereby approve your water system as a public water supply.

As Mr. Lee's convenience store is provided water from this water supply, the population served has increased dramatically and the number of samples required per year is now 12 (once a month).

If you have any questions regarding this matter, please call me at 748-9121, ext. 277.

Sincerely,

JOHN S. MORRIS, R.S., DIRECTOR
ENVIRONMENTAL HEALTH SECTION

Pat Waslawski, RS

Pat Waslawski, R.S.
Environmental Health Specialist

cc: Edwin Lee
Al Schwiesow, P.E.

S

CERTIFICATION OF INSPECTION AND INSTALLATION OF PUBLIC WATER SYSTEM PROJECTS

Effective January 4, 1978 the following Regulation applies: WAC 248-54-650 - Within sixty days following the completion of and prior to the use of any project or portion thereof for which plans and specifications have received the approval of the Secretary, certification shall be made to the Secretary and signed by a professional engineer that the project was inspected by him or his authorized agent and that it was constructed in accordance with the plans and specifications approved by the Secretary.

Instructions:

(a) If a project is being completed in stage construction, attach a map and description of portion of project being certified as completed as approved on date given below.

(b) As future portions of staged construction projects are completed, each must be certified as required by WAC 248-54-650.

(c) Additional certification forms are available upon request from DSHS offices listed below.

MUSTARD SEED
Name of Water System

107 AVERY RD.
Mailing Address

CHEHALIS WA 98532
City State Zip

DSHS Water System No. [ ][ ][ ][ ][ ]

Referendum No. (if any) [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Date Plans and Specifications Approved by Department of Social and Health Services
LEWIS Co. 5/14/87

PROJECT NAME AND DESCRIPTIVE TITLE:
NEW WELL & PUMP HOUSE

Date Project or Portions Thereof Completed
6/6/88

The undersigned engineer or his authorized agent has inspected the above-described project, which as to layout, size and type of pipe, valves and materials, reservoir and other designed physical facilities has been constructed in accordance with the plans and specifications approved by the Secretary, Department of Social and Health Services, and in the opinion of the engineer, the installation, testing and disinfection of the system was carried out in accordance with the specifications approved by the Secretary for the project.

ALAN T. SCHWIESOW
STATE OF WASHINGTON
Engineers Seal
REGISTERED PROFESSIONAL ENGINEER
11774

Engineer

6/30/88
Date

Please return completed form to DSHS office checked below.

☐ Seattle Regional Office
Health Services Division
Water Supply & Waste Section
Smith Tower Building
Seattle, Washington 98104

☐ Olympia Regional Office
Health Services Division
Water Supply & Waste Section
Mail Stop LD-11
Olympia, Washington 98504

☐ Spokane Regional Office
Health Services Division
Water Supply & Waste Section
West 924 Sinto
Spokane, Washington 99201

DSHS 9-346 (1-78)

Printed By: Rick Detheridge
On: 09/09/1998 At: 11:03 am

RECEIPT

Receipt Number **99-006645**

Department of Ecology **(4610)**
PO Box 5128
Lacey, WA 98509-5128
(360) 407-7095

Current Document Number **461A1442CJ** Date **09/10/1998**

Remitter Name **CENTRAL PACIFIC TIMBER PRODUCTS LT** Receipt Name

Check/Draw Number **3846**
Document Amount **$10.00**
Method of Payment **Check**
Comment Description **WATER RIGHT**

Ref Doc	Ref Doc	Inv Nr	Id Nr	Prgm Cd	T C	R	Fund	Maj Grp	Maj Src	Sub Src	Cnty	Work Cls	PIC	AI	Org	Prj	Sub Prj	Prj Phs	Sub Obj	Sub Sub Obj	Var GL	Sub Sid Dr	Sub Sid Cr	Alloc Amt
				H00	001		001	02	85	000010														$10.00