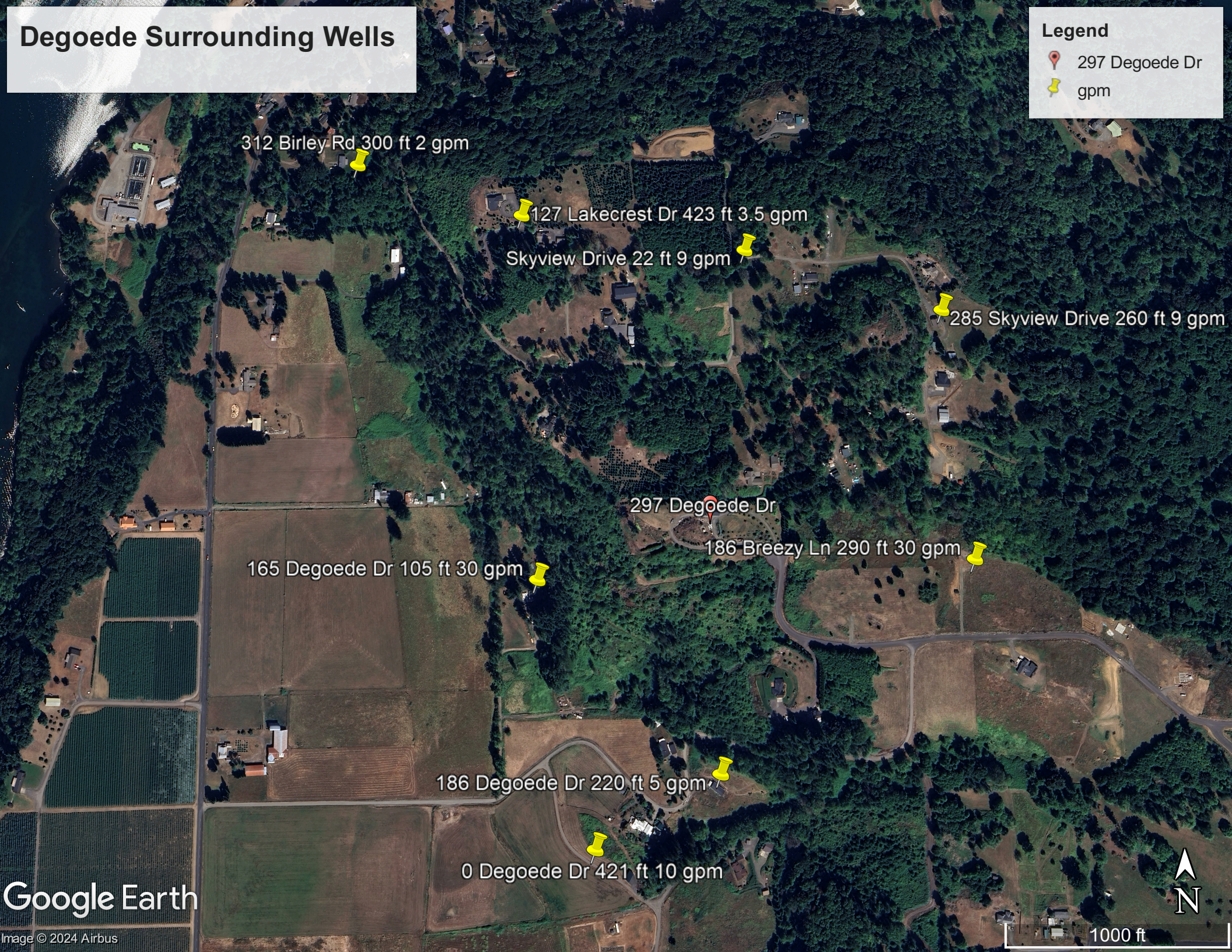
Degoede Surrounding Wells
Legend
297 Degoede Dr
gpm
312 Birley Rd 300 ft 2 gpm
127 Lakecrest Dr 423 ft 3.5 gpm
Skyview Drive 22 ft 9 gpm
285 Skyview Drive 260 ft 9 gpm
297 Degoede Dr
186 Breezy Ln 290 ft 30 gpm
165 Degoede Dr 105 ft 30 gpm
186 Degoede Dr 220 ft 5 gpm
0 Degoede Dr 421 ft 10 gpm
Google Earth
Image © 2024 Airbus
N
1000 ft

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

WELL REPORT

STATE OF WASHINGTON

Start card number W052060

(1) Name **LARRY NEELEY** Address **7417 154th St. CT. E., PUYALLUP**

(2) Location of well, County- **LEWIS** **NE1/4 NE1/4 Sec 11 Tn 12 R 2EWM**
(2a)Street address of well- **312 BIRLEY ROAD, MOSSYROCK**

(3) Proposed use- **DOMESTIC**

(4) Type of work --
Number of well **ONE**
NEW CONSTRUCTION
Method of drill **AIR ROTARY**

(5) Dimensions -- Diameter of well **6"**
Drilled **300 '** Completed **300'**

(6) Construction details --
Casing **6"** from **+2 '** to **37 '**
4.5 from **20 '** to **300 '**
Welded **YES** Liner installed **YES**
Perforations - **YES**
Type of perforater **SAW SLOT**
Size of perforations **1/4" by 4"**
260 holes from **240 '** to **300 '**
56 holes from **20 '** to **280 '**
Screen **NO**
Manufacturer's Name
Type
Diam. "
Slot size " from ' to '
Slot size " from ' to '
Gravel packed **No**
Surface seal **YES** to **18+** feet
Material used in seal **BENTONITE**
Any unusable water? **NO**
Type of water
Where?
Method of seal

(7) Water Levels
Elevation above sea level
Static water level **175'**
Artesian pressure

(8) Well tests
Air test;
2 gpm with bit at 280 for 1 hr.
Was pump test made **NO**
(if yes see attached)

COMMENTS

DESCRIPTION
WELL LOG or ABANDONMENT PROCEDURES

MATERIALS		FROM	TO
BRN TOPSOIL, BOULDERS		0	11
GRY BROKEN ROCK	MED	11	36
BLK ROCK	HARD	36	128
RED ROCK	HARD	128	131
BLK ROCK	HARD	131	220
RED/BRN ROCK W/CLAY		220	250
BLK ROCK		250	259
RED/BRN ROCK		259	271
BLK ROCK		271	300

RECEIVED
SEP -8 AM 8:41
WASHINGTON STATE DEPARTMENT OF ECOLOGY

STARTED 08/30/94 COMPLETED 09/05/94

WELL CONSTRUCTERS CERTIFICATION
I accept responsibility for construction of this well and its compliance with all Washington well construction standards. The information reported above is true to my best knowledge and belief.

KING BROS. DRILLING INC.
644 SHOREY ROAD
CHEHALIS, WASHINGTON 98532
206-748-3798
Contractors number **KING BDI 124 DC**

EDWIN C KING MWC License# **0243**
DATE **09/06/94**

WATER WELL REPORT

DEPARTMENT OF ECOLOGY State of Washington

Type of Work:
☐ Construction
☐ Decommission ⟹ Original installation NOI No. _____

Proposed Use: ☐ Domestic ☐ Industrial ☐ Municipal ☐ Dewatering ☐ Irrigation ☐ Test Well ☐ Other _____

Construction Type: ☒ New well ☐ Alteration ☐ Deepening ☐ Other _____

Method: ☐ Driven ☐ Jetted ☐ Cable Tool ☐ Dug ☒ Air- ☐ Mud-Rotary

Dimensions: Diameter of boring 6 in., to 36 ft.
Depth of completed well 290 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+1.5	36	____ in.	☒	☐	☐	☐
☐	☒	4.5 in.	5	290	____ in.	☐	☒	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used SAW
No. of perforations 80 Size of perforations 0.02 in. by 6 in.
Perforated from 260 ft. to 290 ft. below ground surface

Screens: ☐ Yes ☒ No ☐ K-Packer ⟹ Depth ____ ft.
Manufacturer's Name _____
Type _____ Model No. _____
Diameter ____ Slot size ____ in. from ____ ft. to ____ ft.
Diameter ____ Slot size ____ in. from ____ ft. to ____ ft.

Sand/Filter pack: ☐ Yes ☒ No Size of pack material ____ in.
Materials 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 _____

Pump: Manufacturer's Name _____ Type: _____
H.P. ____ Pump intake depth: ____ ft. Designed flow rate: ____ gpm

Water Levels: Land-surface elevation above mean sea level ____ ft.
Stick-up of top of well casing ____ ft. above ground surface
Static water level 186 ft. below top of well casing Date 2/21/22
Artesian pressure ____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

Well Tests:
Was a pumping test performed? ☐ No ☐ Yes ⟹ by whom? _____
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Yield ____ gpm with ____ ft. drawdown after ____ hrs.

Recovery data (time = zero when pump is turned off – water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of pumping test _____
Bailer test ____ gpm with ____ ft. drawdown after ____ hrs.
Air test 30 gpm with stem set at 289 ft. for 1 hrs. } Date 2/21/22
Artesian flow ____ gpm
Temperature of water ____ °F Was a chemical analysis made? ☐ Yes ☐ No

Notice of Intent No. WE46898
Unique Ecology Well ID Tag No. BNM402
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name GULLION, DANIEL
Well Street Address 186 BREEZY LN
City MOSSYROCK County LEWIS
Tax Parcel No. 028519008015
Was a variance approved for this well? ☐ Yes ☒ No
If yes, what was the variance for? _____

Location (see instructions on page 2): ☒ WWM or ☐ EWM
SE ¼-¼ of the NW ¼; Section 12 Township 12N Range 2E
Latitude (Example: 47.12345) 46.54218
Longitude (Example: -120.12345) -122.50318

Driller's Log/Construction or Decommission Procedure
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each layer penetrated, with at least one entry for each change of information. Use additional sheets if necessary.

Material	From	To
BROWN CLAYEY TOP SOIL	0	2
BROWN SANDY CLAY	2	6
BROWN DECOMPOSED BASALT	6	10
DARK GRAY BASALT	10	105
LAYERED GRAY BASALT AND RED		
ANDESITE	105	165
DARK GRAY BASALT	165	262
GRAY BASALT, WATER	262	270
DARK GRAY BASALT	270	290

RECEIVED
MAR 02 2022
WA State Department of Ecology (SWRO)

Start Date 2/18/22 Completed Date 2/21/22

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 ☐ Trainee ☐ PE – Print Name MARK WIESE
Signature _____
License No. 2432
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company RICHARDSON WELL DRILLING
Address PO BOX 44427
City, State, Zip TACOMA, WA 98448
Contractor's Registration No. RICHAW*3210B Date 2/22/22

ECY 050-1-20 (Rev 09/18) *If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

The Department of Ecology does NOT warranty the Data and/or information on this well report.

WATER WELL REPORT

DEPARTMENT OF ECOLOGY State of Washington

Type of Work:
☒ Construction
☐ Decommission ⟹ Original installation NOI No. _____

Notice of Intent No. WE47368
Unique Ecology Well ID Tag No. BNK 962
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name Robert Rehbin
Well Street Address 186 Degoede Dr
City Mossyrock County Lewis
Tax Parcel No. 028519008012
Was a variance approved for this well? ☐ Yes ☒ No
If yes, what was the variance for? _____

Proposed Use: ☒ Domestic ☐ Industrial ☐ Municipal ☐ Dewatering ☐ Irrigation ☐ Test Well ☐ Other _____

Construction Type: ☒ New well ☐ Alteration ☐ Deepening ☐ Other _____

Method: ☐ Driven ☐ Jetted ☐ Cable Tool ☐ Dug ☒ Air- ☐ Mud-Rotary

Dimensions: Diameter of boring 6 in., to 220 ft.
Depth of completed well 220 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+1	21	.25 in.	☒	☐	☐	☐
☐	☒	4 in.	10	220	.25 in.	☐	☒	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐

Location (see instructions on page 2): ☐ WWM or ☒ EWM
SW ¼-¼ of the NW ¼; Section 12 Township 12N Range 02
Latitude (Example: 47.12345) 46.54015
Longitude (Example: -120.12345) -122.50796

Perforations: ☒ Yes ☐ No Type of perforator used Grinder Cut
No. of perforations 40 Size of perforations 2 in. by 1/4 in.
Perforated from 210 ft. to 220 ft. below ground surface

Screens: ☐ Yes ☒ No ☐ K-Packer ⟹ Depth _____ ft.
Manufacturer's Name _____
Type _____ Model No. _____
Diameter _____ in. Slot size _____ in. from _____ ft. to _____ ft.
Diameter _____ in. Slot size _____ in. from _____ ft. to _____ ft.

Sand/Filter pack: ☐ Yes ☒ No Size of pack material _____ in.
Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18 ft.
Material used in seal Bentonite Chips
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

Pump: Manufacturer's Name N/A Type: _____
H.P. _____ Pump intake depth: _____ ft. Designed flow rate: _____ gpm

Water Levels: Land-surface elevation above mean sea level _____ ft.
Stick-up of top of well casing +1 ft. above ground surface
Static water level 92 ft. below top of well casing Date 1/17/2022
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

Well Tests:
Was a pumping test performed? ☒ No ☐ Yes ⟹ by whom? _____
Yield _____ gpm with _____ ft. drawdown after _____ hrs.
Yield _____ gpm with _____ ft. drawdown after _____ hrs.
Yield _____ gpm with _____ ft. drawdown after _____ hrs.
Recovery data (time = zero when pump is turned off – water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of pumping test _____
Bailer test _____ gpm with _____ ft. drawdown after _____ hrs.
Air test 5 gpm with stem set at 217 ft. for 1 hrs. } Date 1/17/2022
Artesian flow _____ gpm
Temperature of water _____ ° F Was a chemical analysis made? ☐ Yes ☒ No

Driller's Log/Construction or Decommission Procedure
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each layer penetrated, with at least one entry for each change of information. Use additional sheets if necessary.

Material	From	To
Clay, silt, brown/soft	0	14
Rock, brown/hard	14	26
Rock-basalt, gray/hard	26	194
Rock-basalt, black/hard, wb	194	200
Rock-basalt, black/hard	200	220

RECEIVED
FEB 01 2022
WA State Department of Ecology (SWRO)

Start Date 01/17/2022 Completed Date 01/17/2022

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 ☐ Trainee ☐ PE – Print Name Chris Jones
Signature Chris Jones
License No. 2253
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company Moerke & Sons Pump and Drilling
Address 1162 NW State Avenue
City, State, Zip Chehalis, WA 98532
Contractor's Registration No. MOERKSP072N5 Date 01/17/2022

ECY 050-1-20 (Rev 11/18) *If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

The Department of Ecology does NOT warranty the Data and/or information on this well report.

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

WATER WELL REPORT

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

CURRENT **Notice of Intent No.** W157614

Unique Ecology Well ID Tag No AGR-066

Water Right Peffnit No

Construction/Deconunission *("x" in circle)*

☒ Construction

☐ Decommission *ORIGINAL CONSTRUCTION Notice of Intent Number* 135486

Property Owner Name Jerry Girard

Well Street Address 127 Lakecrest Drive

City Morryrock County Lewis

Location NW 1/4-1/4 NW 1/4 Sec 12 Twn 12 R 2E. EWM *circle one* WWM

Lat/Long (s,t,r still REQUIRED) Lat Deg ____ Lat Nlin/Sec ____ Long Deg ____ Long Nhn/Sec ____

Tax Parcel No 028487002003

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 423 ft

Depth of completed well 423 ft

CONSTRUCTION DETAILS

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

☐ 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? 38 ft

Materials used in seal Bentonite-0-15 Cement 15-38

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 257 ft below top of well Date 6-13-03

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 ____ lns

Yield ____ gal /min with ____ ft drawdown after ____ lns

Recovery data (time taken as zero when pump turned offi(water level measuredfrom 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 3.5 gal /min with stem set at 415 ft for 2413 Wildwood Rd. lus

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 water encountered (USE ADDITIONAL SHEETS IF NECESSARY)

MATERIAL	FROM	TO
Topsoil	0	2
Clay, Yellow (Stickly)	2	8
Clay, Yellow W/Gravel Cemented)	8	16
Rock,Brown	16	30
Rock, Blue	30	43
Rock, Red	42	58
Rock, Blue	58	70
Rock,Red	70	93
Rock,,Blue	93	115
Rock,Red	115	155
Rock,Blue	155	170
Rock,Red	170	191
Rock,Blue	191	212
Rock,Red	212	246
Rock,Blue	246	302
Rock,Red	302	357
Rock,Blue	357	417
Rock,Red	417	420
Rock,Blue	420	423

RECEIVED
JUL 24 2003
Washington State Department of Ecology

Start Date 6-6-03 Completed Date 6-12-03

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) Kenneth Williams

Driller/Engineerfrrainee Signature Kenneth Williams

Driller or Trainee License No 1768

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

Drilling Company Williams Well Drilling, Inc.

Address 957 Jackson Hwy S

City, State, Zip Toledo, WA 98591

Contractor's Registration No WILLIWD000KP Date 5/16/03

Ecology is an Equal Opportunity Employer ECY 050-1-20 (Rev 4/01)

WATER WELL REPORT

DEPARTMENT OF ECOLOGY
State of Washington

Type of Work:
☒ Construction
☐ Decommission ⟹ Original installation NOI No. _____

Notice of Intent No. W318518
Unique Ecology Well ID Tag No. BNN-405
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name Gage Madill
Well Street Address 0 DeGoede Dr.
City Mossyrock County Lewis
Tax Parcel No. 028519008021
Was a variance approved for this well? ☐ Yes ☒ No
If yes, what was the variance for? _____

Proposed Use: ☒ Domestic ☐ Industrial ☐ Municipal ☐ Dewatering ☐ Irrigation ☐ Test Well ☐ Other _____

Construction Type: ☒ New well ☐ Alteration ☐ Deepening ☐ Other _____
Method: ☐ Driven ☐ Jetted ☐ Cable Tool ☐ Dug ☒ Air- ☐ Mud-Rotary

Dimensions: Diameter of boring 6 in., to 421 ft.
Depth of completed well 421 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	+2	28	.250 in.	☒	☐	☒	☐
☐	☒	4 in.	20	421	.250 in.	☐	☒	☐	☒
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐

Perforations: ☒ Yes ☐ No Type of perforator used Drilled
No. of perforations 40 Size of perforations 9/16 in. by RND in.
Perforated from 301 ft. to 421 ft. below ground surface

Screens: ☐ Yes ☒ No ☐ K-Packer ⟹ Depth ____ ft.
Manufacturer's Name _____
Type _____ Model No. _____
Diameter ____ in. Slot size ____ in. from ____ ft. to ____ ft.
Diameter ____ in. Slot size ____ in. from ____ ft. to ____ ft.

Sand/Filter pack: ☐ Yes ☒ No Size of pack material ____ in.
Materials placed from ____ ft. to ____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 22 ft.
Material used in seal bentonite hole plug
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. ____ Pump intake depth: ____ ft. Designed flow rate: ____ gpm

Water Levels: Land-surface elevation above mean sea level ____ ft.
Stick-up of top of well casing ____ ft. above ground surface
Static water level 119 ft. below top of well casing Date 6/17/2021
Artesian pressure ____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

Well Tests:
Was a pumping test performed? ☒ No ☐ Yes ⟹ by whom? _____
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Recovery data (time = zero when pump is turned off – water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of pumping test _____
Bailer test ____ gpm with ____ ft. drawdown after ____ hrs.
Air test 10 gpm with stem set at 419 ft. for 1 hrs. Date 6/17/2021
Artesian flow ____ gpm
Temperature of water ____ °F Was a chemical analysis made? ☐ Yes ☒ No

Driller's Log/Construction or Decommission Procedure
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each layer penetrated, with at least one entry for each change of information. Use additional sheets if necessary.

Material	From	To
Top Soil	0	2
Clay Yellow	2	14
Clay Blue	14	22
Rock Blue Broken	22	26
Rock Blue	26	53
Rock red Med.	53	64
Rock Blue Med.	64	92
Rock Light Blue w/Quartz	92	110
Rock Red Med.	110	125
Rock Blue Med.	125	155
Rock Red Med.	155	163
Rock Blue Med	163	234
Rock Red Med.	234	242
Rock Blu Hard	242	295
Rock Red w/Fractured White & Blue Med.	295	310
Rock Blue Med.	310	355
Rock Red Med.	355	370
Rock Blue Hard	370	383
Rock Red Multi-Colors	383	407
Rock Blue Hard	407	421

RECEIVED
JUL 12 2021
Department of Ecology
Well Drilling Office

Start Date 6/14/2021 Completed Date 6/17/2021

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 ☐ Trainee ☐ PE – Print Name Willie Williams
Signature _____
License No. 0525
IF TRAINEE: Sponsor's License No. _____
Sponsor's Signature _____

Drilling Company Williams Water Wells Inc.
Address 957 Jackson Hwy S.
City, State, Zip Toledo Wa. 98591
Contractor's Registration No. WILLIWD000KP Date 6/22/2021

The Department of Ecology does NOT warranty the Data and/or information on this well report.

WATER WELL REPORT

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

Construction/Deconunission *("x" in circle)*

☒ Construction

☐ Decommission *ORIGINAL CONSTRUCTION Notice of Intent Number* 147106

CURRENT **Notice of Intent No.** W-157650

Unique Ecology Well ID Tag No AKW-218

Water Right Peffnit No

Property Owner Name Jose A.Herrera

Well Street Address 165 DeGoede Rd.

City Mossyrock,Wa. County Lewis

Location S W 1/4-1/4 N W 1/4 Sec 12 Twn 12 R 2E. EWM *circle* or *one* WWM

Lat/Long (s,t,r still REQUIRED) Lat Deg ____ Lat Nlin/Sec ____ Long Deg ____ Long Nhn/Sec ____

Tax Parcel No 028519-006-000

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 105 ft

Depth of completed well 105 ft

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 6" Diam from +2 ft to 37 ft

☒ Liner installed 4 1/2 PVC Diam from 30 ft to 105 ft

☐ Threaded ____ Diam from ____ ft to ____ ft

Perforations: ☒ Yes ☐ No

Type of perforator used Drilled

SIZE of perfs 5/8 in by Round in and no of perfs 80 from 65 ft to 105 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? 35 ft

Materials used in seal Bentonite

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? Depth of strata

Method of sealing strata off

PUMP Manufacturer's Name

Type HP

WATER LEVELS Land-surface elevation above mean sea level ft

Static level 34 ft below top of well Date 10-30-03

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 Ins

Yield gal /min with ft drawdown after Ins

Recovery data (time taken as zero when pump turned off(water level measuredfrom 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 30 gal /min with stem set at 100 ft for 2 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 water encountered (USE ADDITIONAL SHEETS IF NECESSARY)

MATERIAL	FROM	TO
Topsoil	0	2
Clay,Yellow	2	9
Rock,Brown (Broken)	9	26
Rock,Blue Basalt-Hard	26	72
Rock,Blue Broken-W/White	72	82
Rock,Basalt Hard W/Bearing	82	93
Rock,Red W/White Med	93	105

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DEC 0 1 2003
Washington State Department of Ecology

Start Date 10-28-03 Completed Date 10-30-03

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) Kenneth Williams

Driller/Engineerfrrainee Signature Kenneth Williams

Driller or Trainee License No 1768

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

Drilling Company Williams Well Drilling, Inc.

Address 957 Jackson Hwy. S.

City, State, Zip Toledo, WA 98591

Contractor's Registration No WILLIWD000KP Date 11/3/03

Ecology is an Equal Opportunity Employer ECY 050-1-20 (Rev 4/01)

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

Start Card No. W067047

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

UNIQUE WELL I.D. # _____

Water Right Permit No. _____

(1) **OWNER:** Name JANET + DEAN OWREN Address 14105 N.E. 148th AVE VANCOUVER

(2) **LOCATION OF WELL:** County LEWIS SE 1/4 NW 1/4 Sec 12 T. 12 N., R. 2E W.M.

(2a) **STREET ADDRESS OF WELL** (or nearest address) SKY VIEW LANE MOSSY ROCK

(3) **PROPOSED USE:** [X] Domestic [ ] Industrial [ ] Municipal [ ] Irrigation [ ] Test Well [ ] Other [ ] DeWater

(4) **TYPE OF WORK:** Owner's number of well (If more than one) _____
Abandoned [ ] New well [X] Method: Dug [ ] Bored [ ] Deepened [ ] Cable [ ] Driven [ ] Reconditioned [ ] Rotary [X] Jetted [ ]

(5) **DIMENSIONS:** Diameter of well 6 inches. Drilled 22 feet. Depth of completed well 22 ft.

(6) **CONSTRUCTION DETAILS:**
Casing installed: 6 " Diam. from +2 ft. to 15 ft.
Welded [X] 4½ " Diam. from 37 ft. to 22 ft.
Liner installed [X]
Threaded [ ] _____ " Diam. from _____ ft. to _____ ft.

Perforations: Yes [X] No [ ]
Type of perforator used SKILL SAW
SIZE of perforations ¼ in. by 6 in.
15 perforations from 15 ft. to 22 ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes [ ] No [X]
Manufacturer's Name _____
Type _____ Model No. _____
Diam. ____ Slot size _____ from _____ ft. to _____ ft.
Diam. ____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes [ ] No [X] Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes [X] No [ ] To what depth? 15 ft.
Material used in seal Bentonite
Did any strata contain unusable water? Yes [ ] No [X]
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 7 ft. below top of well Date 4-11-96
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 [X] 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 _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airtest 9 gal./min. with stem set at 15 ft. for 2 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes [ ] No [X]

(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	3
BROWN CLAY	3	10
SOLID ROCK	10	17
WATER GRAVEL	17	18
SOLID ROCK	18	22+
SURFACE SEAL EXTENDS 5 FEET INTO SOLID ROCK		

Work Started 4-10 19. Completed 4-11 19 96

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 CHEHALIS DRILLING (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 18928 SARGENT RD

(Signed) [signature] (WELL DRILLER) License No. 2104

Contractor's Registration No. CHEHAWD 123WY Date 4-11 19 96

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.

ECY 050-1-20 (9/93) * * 1

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

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)*

- [x] Construction
- [ ] Decommission *ORIGINAL INSTALLATION Notice of Intent Number* 195025

CURRENT
Notice of Intent No. W 233710
Unique Ecology Well ID Tag No. ALL 702
Water Right Permit No. Exempt well
Property Owner Name Doug Johnson
Well Street Address 285 Skyview Drive
City Mpssyrock County Lewis
Location NE 1/4-1/4 NW 1/4 Sec 12 Twn 12 R 2 EWM or WWM [x] check one
Lat/Long (s, t, r Still **REQUIRED**) Lat Deg ____ Lat Min/Sec ____ Long Deg ____ Long Min/Sec ____
Tax Parcel No. 028513020000

PROPOSED USE: [x] Domestic [ ] Industrial [ ] Municipal [ ] DeWater [ ] Irrigation [ ] Test Well [ ] Other ____

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

DIMENSIONS: Diameter of well 6 inches, drilled 260 ft.
Depth of completed well 260 ft.

CONSTRUCTION DETAILS
Casing Installed: [x] Welded 6" Diam. from +2 ft. to 18 ft.
[x] Liner installed 4" Diam. from 10 ft. to 260 ft.
[ ] Threaded ____" Diam. from ____ ft. to ____ ft.

Perforations: [x] Yes [ ] No
Type of perforator used Grinder
SIZE of perfs 1/4 in. by 2 in. and no. of perfs 40 from 250 ft. to 260 ft.

Screens: [ ] Yes [x] 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 [x] No [ ] Size of gravel/sand ____
Materials placed from ____ ft. to ____ ft.

Surface Seal: [x] Yes [ ] No To what depth? 18 ft.
Material used in seal Bentonite
Did any strata contain unusable water? [ ] Yes [x] 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 200 ft. below top of well Date 5/5/06
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 [x] 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 9 gal./min. with stem set at 257 ft. for 1 hrs.
Artesian flow ____ g.p.m. Date 5/5/06
Temperature of water ____ Was a chemical analysis made? [ ] Yes [x] 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. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Clay Brown Soft	0	5
Clay & rocks Brown Hard	5	15
Rock Gray Crumbly	15	68
Rock Purple Cruwmbly	68	79
Rock Gray Crumbley	79	99
Basalt Gray Hard	99	108
Rock Purple Hard	108	118
Rock Gray Hard	118	197
Basalt Black Hard	197	254
Basalt-wb Gray Hard	254	257
Basalt Gray Hard	257	260

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MAY 12 2006
Washington State Department of Ecology

Start Date 5/4/06 Completed Date 5/5/06

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.

[x] Driller [ ] Engineer [ ] Trainee Name (Print) Chris Jones
Driller/Engineer/Trainee Signature Chris Jones
Driller or trainee License No. 2253

Drilling Company Moerke & Sons Pump & Drilling, Inc.
Address 1286 NW Maryland Avenue
City, State, Zip Chehalis, WA 98532

If TRAINEE,
Driller's Licensed No. ____
Driller's Signature ____

Contractor's Registration No. MOERKSPO72N5 Date 5/8/06

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