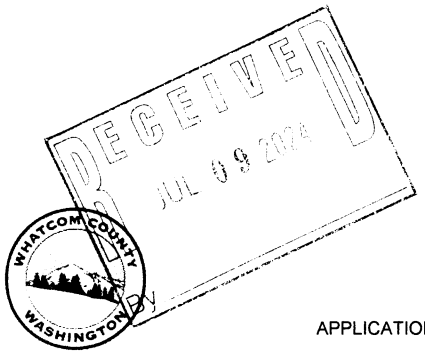


WELL SITE INSPECTION
PRIVATE WATER SUPPLY
APPLICATION Fee: $346 + $10.38 (3% Technology Fee) = **$356.38**

WHATCOM COUNTY HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Instructions:

An approved well site inspection is required for a building permit for ALL private water supply wells per Whatcom County Code 24.11. The inspection is to verify the location, well construction per WAC 173-160 and identify potential sources of contamination. Do not drill a new well until the site has been approved. A well in an unapproved location may be required to be decommissioned. **Approval expires in three years.**

1. Submit a site plan drawn to scale on 8 ½ x 11 inch paper. Mark the location of the well site with a 100 ft. radius around the well. Label the distances from the well to buildings, property lines, septic tank, drainfield and any other potential source of contamination within a 100 ft. of the well site.
2. Include a Water Well Report (well log) for existing wells. Well Tag #: ACP 106
3. Clearly stake or flag the well site location and clear access to the well site (brush cutting as needed).
4. The owner or an authorized representative is required to attend the inspection.

Applicant Information:

Applicant/Owner(s): Richard Harkness Phone: 360-815-4525
Address: 1611 1/2 Mosquito Lake Rd City: Deming State: WA Zip: 98244
Contact Person: Brett Boulton Phone: 360-410-0137
Email and/or Alternate Contact: bbwelldriller@MSN.COM

Property Information: ☐ *New Well Site* ☑ *Existing Well*

Tax Parcel Number (twelve-digit number): 4 1 0 2 3 1 3 7 5 0 6 2
2nd Tax Parcel Number (twelve-digit number): 4 1 0 2 3 1 3 4 4 0 3 2
Project Type (check one): ☐ Single ☑ Shared (2) ☐ ADU (2) ☐ Commercial (1 or 2) ☐ Plat (1or 2)
Address of Project: H St Rd East of Sage Rd
Building Permit Number: _____ Plat Name: _____ Lot: _____
Well Location (if different) Tax Parcel Number (twelve digits): _____ _____

I certify that I have read and examined this application with attachments and know the same to be true and correct. I understand that nothing in this approval shall be construed as satisfying other applicable federal, state, or local, statutes, ordinances or regulations and that information submitted is subject to the Public Records Act RCW 42.56.
Sign: Brett Boulton Print: Brett Boulton Date: 7-9-24
For Health Department Use Only: GPS Coordinates: -122.602330° 48.994354°

Notes: _____

☒ Well Site Approved **with the following conditions**: **Expiration Date**: 7/12/27
- ☐ Evidence of Legal Water Availability
- ☑ Declaration of Covenant ☐ Restrictive Covenant, ☒ Shared Well Agreement
- ☐ Denial of Public Water from: _____
- ☐ Approved Variance Request for: _____
- ☐ Other: _____
- ☐ Wells constructed after January 19, 2018 **must have a well covenant signed, notarized and recorded prior to building permit issuance per ESSB 6091**. After applying for a building permit, contact the Health Department Liaison at the Planning Department to obtain the well covenant.

☐ Denied for: _____

Environmental Health Specialist: _____ Date: 7/12/24

The subdivision/building permit is located in an area that is governed by chapter 173-501 WAC and in which instream flows are not met and/or are subject to closure. In compliance with Chapter 90.44 RCW/RCW 19.27.097 the County has determined adequate potable water is available for this subdivision/building permit on the basis of evidence supplied by the Applicant. Other authorities, including courts of competent jurisdiction and the Department of Ecology, exercise jurisdiction over water resources in the state of Washington. Those authorities may determine that the proposed source of water for this project identified by the Applicant is not a valid water right appropriation or is subject to curtailment or seasonal restrictions on availability that could impact its reliability for the intended use. The County's issuance of this subdivision/building permit should not be relied upon by the Applicant or any successor in interest as an assurance, warranty or guarantee of the future availability of water to serve the subdivision/building permit.

December 2022

18671

Whatcom County HEALTH Department

WHATCOM COUNTY

Health Department
509 Girard Street
Bellingham, WA 98225
360-778-6000

CUSTOMER RECEIPT

Receipt: 91201700000000032779
Payor: LIVEMORE & SON LLC 410231375
Date: 7/9/2024

Description	Amount
Well Site Inspection (1496) - 1.0000 @ $346.0000	**346.00**
3% Tech fee for Well Site Insp - 1.0000 @	**10.38**
Total:	**$ 356.38**

Acct# 9047 **Paid $ 356.38**

LIVEMORE & SON LLC 410231375062

Chck# 9047

91 Check

Thank you!

ENTERED

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W077714

UNIQUE WELL I.D. # ACP106

Water Right Permit No. 41-2-31P

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

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

(1) OWNER: Name Pieter DeJong Address 2200 H ST

(2) LOCATION OF WELL: County Whatcom SE 1/4 SW 1/4 Sec 31 T. 41 N., R. 2 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Above

(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 [X] Driven [ ] Reconditioned [ ] Rotary [ ] Jetted [ ]

(5) DIMENSIONS: Diameter of well 6 inches. Drilled 196 feet. Depth of completed well 196 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from +1.5 ft. to ft.
Welded [ ] Liner installed [ ] Threaded [ ] " Diam. from ft. to ft.
" Diam. from ft. to ft.

Perforations: Yes [ ] No [X]
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 [X] No [ ]
Manufacturer's Name Cook
Type SS Model No.
Diam. 6 Slot size 020 from 191 ft. to 196 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? 18 ft.
Material used in seal /
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 100 ft. below top of well Date 1/14/97
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 15 gal./min. with 60 ft. drawdown after 1 hrs.
Airtest gal./min. with stem set at ft. for 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
Topsoil	0	2
Hardpan	2	22
Grey Clay	22	112
Sand Fine	112	113
Grey Clay / gravel	113	195
Fine Gravel / Sand	195	196

RECEIVED
JAN 24 1997
DEPT. OF ECOLOGY

Work Started 12/20 19 96 Completed 1/7 19 97

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 B + C Well Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 393 Kelly Bellingham

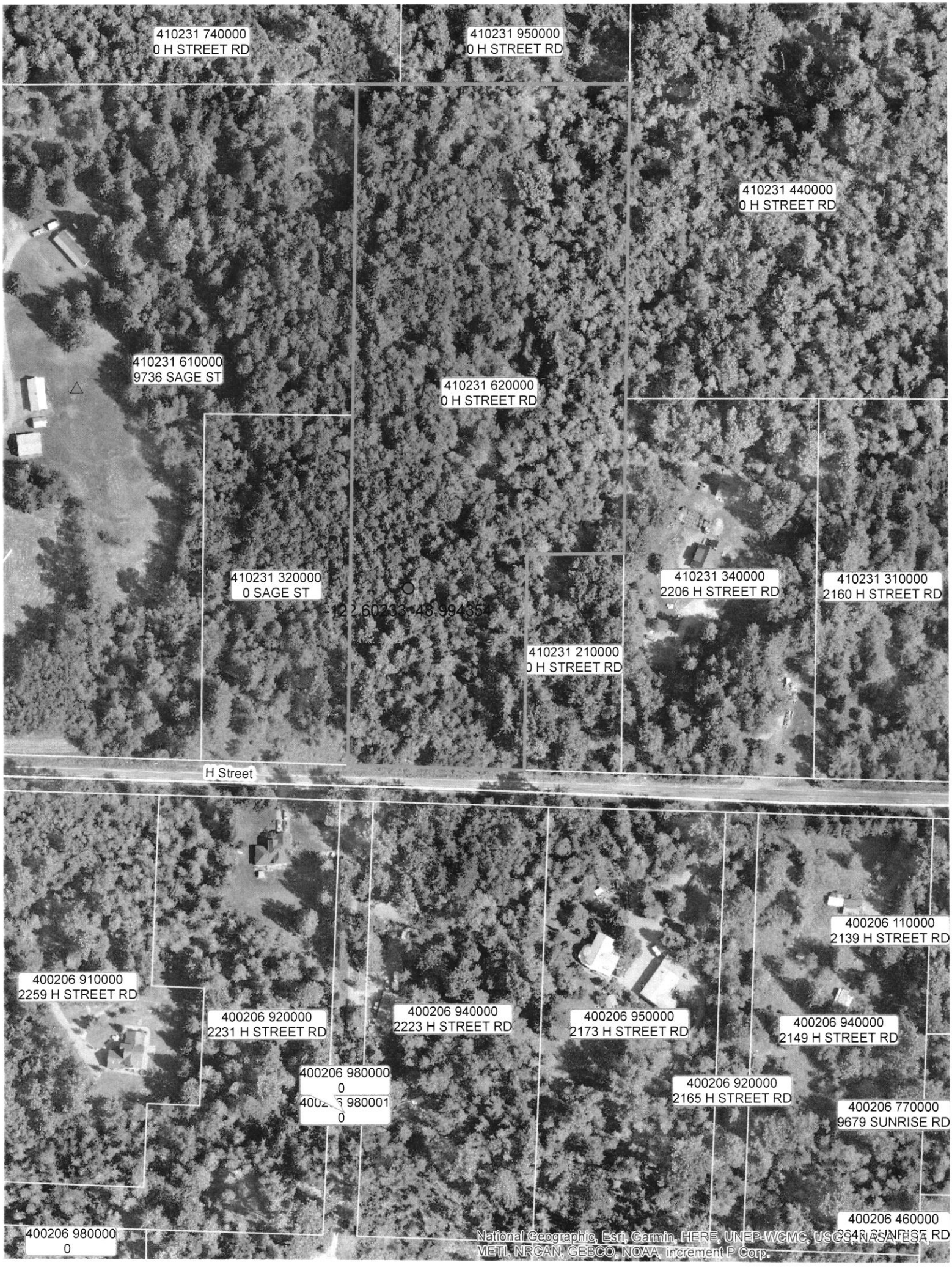
(Signed) Bud Pratt (WELL DRILLER) License No. 00885

Contractor's Registration No. BCWELDP097KZ Date 1/17/97

(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)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National Geographic, Esri, Garmin, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAN, GEBCO, NOAA, increment P Corp.

te Lands

KNESS RICK L