POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

Summary Memorandum

Site ID: WA D980639074
County. Chelan
Priority Assessment: Low
Backlog Red. Cat.:
Date/Revised: 06/25/85

Name and Location:

Chelan Co. Lincoln Park Landfill
Mission and Crawford
Wenatchee, WA 98801

Contact: ~~Norm Delabaure~~ Lyle Bland
Telephone: (509) 6637181
Site Status: ( )Active (X) Inactive ( ) Unknown

Site Description/TSD Activities:

Site was city operated landfill from 1948 to 1967, receiving municipal, construction and possible agricultural wastes.

Waste Types/Quantities/Characteristics:

Landfill received municipal and other unknown wates. No records of hazardous wastes at site, although pesticides believed present due to agricultural nature of the landfill's service area.

Physical/Social Environment:

Site is in a residential/commercial area of Wenatchee. There are 3 parks and 2 schools within one mile. Groundwater is estimated to be at 65-100 ft in alluvial gravels, silts, sands and clays.

Pollutant Mobilization/Pathways/Risk:

No records of hazardous wastes received at site although pesticides are believed to be present. Potential for groundwater, drinking water or soil contamination if leachate is produced. Groundwater and surface water are used for food crop irrigation.

Priority Assessment/Backlog Reduction Category:

Low:

Followup Recommendations:

Occasional inspection or monitoring of ground and surface waters for potential leachate generation is recommended.

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
Part 1 - Site Information and Assessment

I. IDENTIFICATION

01 State	02 Site Number
WA	D980639074

II. SITE NAME AND LOCATION

01 Site Name (legal, common, or descriptive name of site)	02 Street, Route No., or Specific Location Identifier
Chelan Co. Lincoln Pk Ldfl	Mission and Crawford

03 City	04 State	05 Zip Code	06 County	07 County Code	08 Cong Dist
Wenatchee	WA	98801	Chelan	007	01

09 Coordinates Lattitude	Longitude	Section/Township/Range
472415.0	1201817.0	Sec. 15, T22N, R20E, WM

10 Directions to Site (starting from nearest public road)

III. RESPONSIBLE PARTIES

01 Owner (if known)	02 Street (business, mailing, residential)
City of Wenatchee	P.O. Box 519

03 City	04 State	05 Zip Code	06 Telephone Number
Wenatchee	WA	98801	(509)6637181

07 Operator (if known and different from owner)	08 Street (business, mailing, residential)
None - site inactive	

09 City	10 State	11 Zip Code	12 Telephone Number
			( )

13 Type of Ownership (check one)

( ) A. Private ( ) B. Federal: ( ) C. State ( ) D. County (X) E. Municipal ( ) F. Other: ( ) G. Unknown

14 Owner/Operator Notification on File (check all that apply)

( ) A. RCRA 3001, Date Rec'd: / / (X) B. Uncontrolled Waste Site (CERCLA 103c), Date Rec'd: 06/ 11/ 81 ( ) C. None

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 On Site Inspection

( ) Yes, Date: / /
(X) No

By (check all that apply):

( ) A. EPA ( ) B. EPA Contractor ( ) C. State ( ) D. Other Contractor ( ) E. Local Health Official ( ) F. Other:

Contractors Name(s):

02 Site Status (check one)

( ) A. Active (X) B. Inactive ( ) C. Unknown

03 Years of Operation

beginning year 1948 ending year 1967 ( ) Unknown

04 Description of Substances Possibly Present, Known, or Alleged

Site is former landfill, which operated from 1948 to 1967, receiving municipal and other unknown wastes. Site is now a city park.

05 Description of Potential Hazard to Environment and/or Population

No records of hazardous wastes accepted at site. Pesticides believed present because of agricultural nature of service area. No reported leachate problems, however, no monitoring has been done.

V. PRIORITY ASSESSMENT

01 Priority for Inspection (check one; if high or medium is checked, complete Part 2 and Part 3)

( ) A. High (inspection required promptly) ( ) B. Medium (inspection required) (X) C. Low (inspect on time available basis) ( ) D. None (no further action needed complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 Contact	02 Of (agency/organization)	03 Telephone Number
Ned Therien	WDOE	(206) 4596280

04 Person Responsible for Assessment	05 Agency	06 Organization	07 Telephone Number	08 Date
Leigh Starlin		SAIC	(206) 7477899	06/ 25/ 85

Modified (5/84) from EPA Form 2070-12 dated 7/81

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
Part 2 - Waste Information

I. IDENTIFICATION

01 State	02 Site Number
WA	D980639074

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 Physical States (check all that apply)

( ) A. Solid ( ) E. Slurry
( ) B. Powder, Fines ( ) F. Liquid
( ) C. Sludge ( ) G. Gas
( ) D. Other:

02 Waste Quantity at Site (measures of waste quantities must be independent)

Tons: UNK
Cubic Yards: UNK
No. of Drums: UNK

03 Waste Characteristics (check all that apply)

( ) A. Toxic ( ) E. Soluble ( ) I. Highly Volatile
( ) B. Corrosive ( ) F. Infectious ( ) J. Explosive
( ) C. Radioactive ( ) G. Flammable ( ) K. Reactive
( ) D. Persistent ( ) H. Ignitable ( ) L. Incompatible
( ) M. Not Applicable

III. WASTE TYPE

Category	Substance Name	01 Gross Amount	02 Unit of Measure	03 Comments
SLU	Sludge			
OLW	Oily Waste			
SOL	Solvents			
PSD	Pesticides			
OCC	Other Organic Chemicals			
IOC	Inorganic Chemicals			
ACD	Acids			
BAS	Bases			
MES	Heavy Metals			

IV. HAZARDOUS SUBSTANCES (see Appendix for most frequently cited CAS numbers)

01 Cat.	02 Substance Name	03 CAS Number	04 Storage/Disposal Method	05 Concentration	06 Measure of Concentration

V. FEEDSTOCKS (see Appendix for CAS numbers

Category	01 Feedstock Name	02 CAS Number	Category	01 Feedstock Name	02 CAS Number
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (cite specific references, e.g., state files, etc.)

USEPA/ERRIS file; no WDOE file; P. McNulty, Chelan-Douglas Co. Health Dept., pers. comm., 5/1/85.

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
Part 3 - Description of Hazardous Conditions & Incidents

I. IDENTIFICATION

01 State	02 Site Number
WA	D980639074

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 (X) A. Groundwater Contamination 02 ( ) Observed (Date:) (X) Potential ( ) Alleged

03 Population Potentially Affected: > 13,000 04 Narrative Description

None reported. GW contamination possible if leachate is produced. No record of hazardous wastes accepted at site, though pesticide presence is likely due to agricultural nature of service area. GW is estimated to be at 60-100 ft in alluvial deposits of gravel, silt, sands & clay.

01 (X) B. Surface Water Contamination 02 ( ) Observed (Date:) (X) Potential ( ) Alleged

03 Population Potentially Affected: 0 04 Narrative Description

None reported. If leachate is produced and migrates from site, potential for surface water contamination exists. Nearest surface water is Columbia River, .25 mi E of site. Surface water used for irrigation of food crops; no known use for drinking within 3 miles.

01 (X) C. Contamination of Air 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

03 Population Potentially Affected: 0 04 Narrative Description

None reported or suspected. There is a resident population of 3050 within one mile.

01 (X) D. Fire/Explosive Conditions 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

03 Population Potentially Affected: 0 04 Narrative Description

No certified fire/explosive conditions.

01 (X) E. Direct Contact 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

03 Population Potentially Affected: 0 04 Narrative Description

None reported or suspected. Landfill is covered and is now a city park.

01 (X) F. Contamination of Soil 02 ( ) Observed (Date:) (X) Potential ( ) Alleged

03 Area Potentially Affected (acres): (10 04 Narrative Description

None reported. Potential for soil contamination if leachate is produced. Soils are gravels, silts, clay, and sandstone of moderate to high permeability.

01 (X) G. Drinking Water Contamination 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

03 Population Potentially Affected: > 13,000 04 Narrative Description

None reported. Potential for drinking water contamination if leachate is produced & migrates from site. Public & private wells within 3 miles serve over 13,000 people. Nearest known well is about 1 mile SE of landfill (Shank).

01 (X) H. Worker Exposure/Injury 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

03 Workers Potentially Affected: 0 04 Narrative Description

None reported or suspected.

01 (X) I. Population Exposure/Injury 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

03 Population Potentially Affected: > 13,000 04 Narrative Description

Pesticides believed present in landfill, although no records exist to confirm presence of hazardous wastes. Potential for drinking water contamination if leachate is produced & migrates from site. Groundwater & surface waters used for food crop irrigation.

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
Part 3 - Description of Hazardous Conditions & Incidents

I. IDENTIFICATION

01 State	02 Site Number
WA	D980639074

II. HAZARDOUS CONDITIONS AND INCIDENTS (continued)

01 (X) J. Damage to Flora 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

04 Narrative Description
None reported or suspected.

01 (X) K. Damage to Fauna 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

04 Narrative Description (include name[s] of species)
None reported or suspected.

01 (X) L. Contamination of Food Chain 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

04 Narrative Description
None reported or suspected.

01 (X) M. Unstable Containment of Wastes (spills/runoff/standing liquids/leaking drums) 02 ( ) Observed (Date:) (X) Potential ( ) Alleged

03 Population Potentially Affected: >13,000 04 Narrative Description
None reported. Landfill was not lined.

01 (X) N. Damage to Offsite Property 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

04 Narrative Description
None reported or suspected.

01 (X) O. Contamination of Sewers, Storm Drains, WWTPs 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

04 Narrative Description
None reported or suspected. Site is served by sanitary and storm sewer system.

01 (X) P. Illegal/Unauthorized Dumping 02 ( ) Observed (Date:) ( ) Potential ( ) Alleged

04 Narrative Description
None reported or suspected.

05 Description of Any Other Known, Potential, or Alleged Hazards
None known.

III. TOTAL POPULATION POTENTIALLY AFFECTED: >13,000

IV. COMMENTS

Occasional inspection or monitoring of groundwater and surface waters for potential leachate migration is recommended.

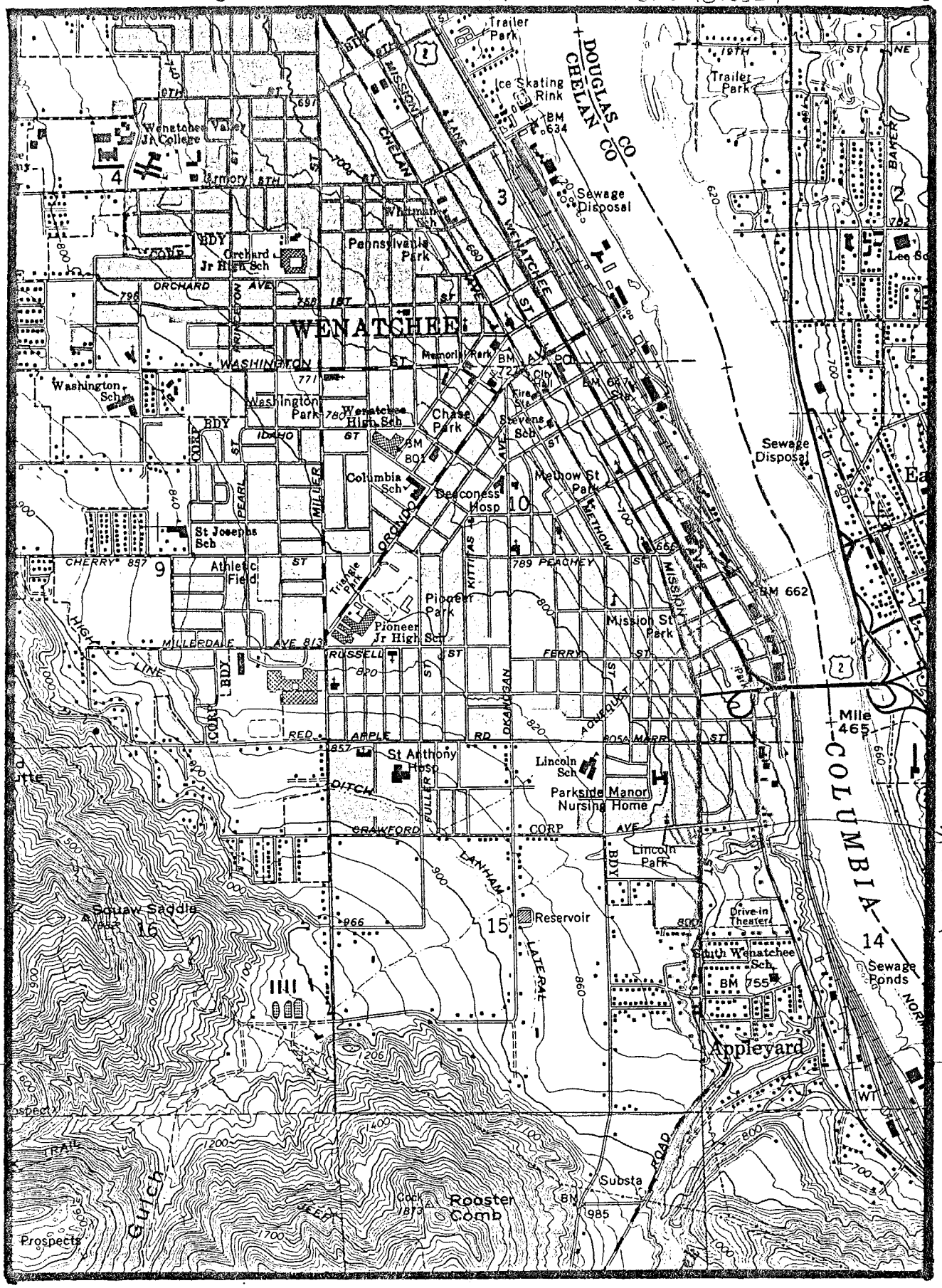
V. SOURCES OF INFORMATION (cite specific references: state files, reports, etc.)

USEPA/ERRIS file; 1980 Census Data; P. McNulty, Chelan-Douglas Co. Health Dept., pers. comm., 5/1/85; N. Delabasre, Wenatchee Public Works Dept., pers. comm., 5/23/85; USGS Wenatchee Quad (1978); Roadside Geology of Washington (1984); WDSHS Water Supply Listing (1985).

7.5' Wenatchee WA Quad (1978)

WAD980639074

Chelan Co. - Lincoln Park Landfill Wenatchee, Chelan Co



ATTACHMENT B
RCRA Section 3012 Preliminary Assessment Program
Surface and Groundwater Hydrology

Site Name Chelan Co. Lincoln PICLF **County** Chelan Co.

Sources:
1. U.S.G.S. QUAD 7.5' WENATCHEE (1978)
2. ROADSIDE GEOLOGY OF WASHINGTON (1984)
3.
4. WDSH's Public Water Supplies (1985 COMPUTER PRINT OUT)
5. WA. Dept. GEOL. & EARTH RES. BULL #75 GEOLOGY of Chelan Douglas Cos. (1985)
6.
7.
8. **Well logs used:** ATTACHED

GROUNDWATER

Name/description of aquifer
ALLUVIAL DEPOSITS COMPOSED OF GRAVEL LADEN FANS WITH SILT, FINE SANDS AND SOME CLAY. The site resides on eastern flank of the Chumstick Formation, composed of volcanic debris & forms the hills west of Wenatchee
Source 1/8/5

Depth from the ground surface to the highest seasonal level of the saturated zone of the aquifer
BASED ON elevation at Site (775 ft.), well log for Shank in Sec 23 & Welton in Sec 24, and elevation of River (606')
Depth to aquifer is estimated to be from 60 - 100 ft from surface.
Source 1/8/5

Soil type in unsaturated zone
SANDSTONE, GRAVELS, and alluvial silts and clay
Source 8/6/7

Permeability associated with soil type
Moderate to high
Source 8

Use(s) of aquifer of concern within a 3-mile radius of the hazardous substance. If available, indicate up-gradient or down-gradient
Public
Private
Irrigation (Chelan Co. PUD #1, Campbell, Hill)
Source 8

Use(s) of surface water within 3-miles (free-flowing water) or 1-mile (static water) of the hazardous substance

IRRIGATION
RECREATION
NOT FOR PUBLIC SUPPLY WITHIN THIS AREA

Source 1/4

Location of water-supply intake(s) within 3-miles (free-flowing water) or 1-mile (static water) downstream of the hazardous substance and population served by each intake

IRRIGATION —

DRINK. SUPPLY N/A

Source _____

Land area (in acres) irrigated by supply well(s) within 3-miles (free-flowing water) or 1-mile (static water) downstream of the hazardous substance

Source _____

Distance, in stream miles, to intakes cited in previous two items

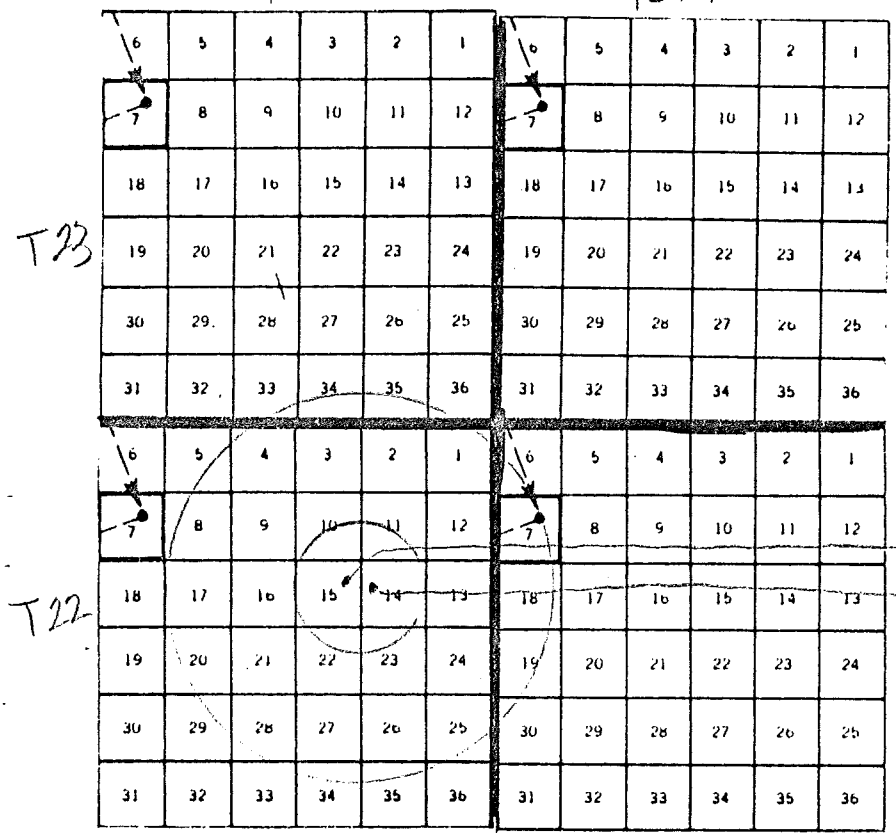
Source _____

ENGINEERING TECHNICIAN SERVICES

3061 E. AMES LAKE DRIVE N.E.
REDMOND, WASHINGTON 98052
(206) 333-4156

SITE: S. WENATCHEE LANDFILL / CHELAN-LINCOLN PK LANDFILL

TOTAL WELLS: 19
(WITHIN 3 MILES)



T= 22	R= 20 ☑☑☐
T= 22	R= 21
T= 23	R= 20 ☑
T=	R=

SECTIONS

22/20	22/21
1-4	(pt SW)
5+SE	7+W
8-NW	18
* 9-17	19+W
† 20-SW	
21-24	22/20 33+SE
25-SE	34 pt S
26&27	36+SW
28-SW	
34 pt 35+N	

NOTES: T22 R20 S24 Chelan Co PUD
T23 R20 S34 E. Wenatchee Water Dist

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 GTNW Address P.O. Box 1003 Everett wa.

(2) LOCATION OF WELL: County Chelan ¼ ¼ Sec 10 T. 25N R. 20E W.M.

Bearing and distance from section or subdivision corner City of Wenatchee 100 So Chelan St. T25N R20E W

(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 93 ft. Depth of completed well 93 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from +1 ft. to 93 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 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.
" " " "
" " " "

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
	4hrs				

Date of test
Bailer test 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:

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
Sand	0	15
Hard Pan Clay	15	93
Hole for Conductor Pipe		

Work started Oct 5, 19 79 Completed Oct 5, 19 79

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 Cannon & Cannon Water Wells
(Person, firm, or corporation) (Type or print)

Address P.O Box 414 Monson Wa

[Signed] Name H Cannon
(Well Driller)

License No. 0357 Date Oct 6, 19 79

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT
STATE OF WASHINGTON

Application No. .....
Permit No. 1

(1) OWNER: Name LES SHINK Address STAR ROUTE BOX 646 ENTIAT

(2) LOCATION OF WELL: County ..... NE¼ NW¼ Sec. 23 T. 22 N., R. 20 E 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 60 ft. Depth of completed well 60 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 3' ft. to 57 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 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 above mean sea level .... ft.
Static level 30 ft. below top of well Date 9/15/78
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 9/15/78
Bailer test 30 gal./min. with 30 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
TOPSOIL	0	3
SANDSTONE BROWN	3	18
GRANITE RED /W GLACIER DRIFT	18	40
GLACIER DRIFT /W GRAVEL MED WB	40	60

RECEIVED
OCT 19 1978
DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE

Work started 9/15, 19 78 Completed 9/15, 19 78

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 B & B WELL DRILLING
(Person, firm, or corporation) (Type or print)

Address RT 7 BOX 600 A, YAKIMA WA

[Signed] Ken Blackmer
(Well Driller)

License No. 790 Date 10/2/78, 19

OK vmc 10-78

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

Second Copy - Owner's Copy
Third Copy - Driller's Copy

STATE OF WASHINGTON

Permit No. ....

(1) OWNER: Name Chelan Co PUD #1 Address

(2) LOCATION OF WELL: County Douglas SE ¼ NE ¼ Sec 24 T. 22 N., R. 20 W.

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 10 inches.
Drilled 36 ft. Depth of completed well 36 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 10 " Diam. from +1 ft. to 36 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 ☐ Johnson
Manufacturer's Name
Type Stainless Steel Model No
Diam. 10 Slot size 40 from 26 ft. to 31 ft.
Diam. 10 Slot size 100 from 31 ft. to 36 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
Material used in seal: Portland 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 ft. below top of well Date
Artesian pressure None 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 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:

Formation: Describe by color, character, size of material and structure, a show thickness of aquifers and the kind and nature of the material in ea stratum penetrated, with at least one entry for each change of formatic

MATERIAL	FROM	TO
Soil	0	4
Boulders & Gravel	4	8
Sand & Gravel	8	36

RECEIVED
JUL 29 1982

7/29/82 NOTED
AUG 30 1982
R.J.P.

Work started 19 Completed 10-14 19 82

WELL DRILLER'S STATEMENT:

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

NAME Glessner Well Drilling
(Person, firm, or corporation) (Type or print)

Address 142 S Texas

[Signed] Doug McGregor
(Well Driller)

License No. 052 Date 10-14 19 82

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

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 George Welton Address R 1 Box X365 Wenatchee Wash 98801

(2) LOCATION OF WELL: County Chelan NE¼ SE¼ Sec 24 T. 22 N., R. 20 W.M.

Bearing and distance from section or subdivision corner 1800 ft N. 1300 ft west from the S. w 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 186 ft. Depth of completed well 186' ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 47 ft.
Threaded ☐ ..." Diam. from ... ft. to ... ft.
Welded ☑ ..." Diam. from ... ft. to ... ft.

Perforations: Yes ☑ No ☐
Type of perforator used Knife
SIZE of perforations ¼ in. by 1½" in.
9 perforations from 43 ft. to 45 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 Bentonite
Did any strata contain unusable water? Yes ☑ No ☐
Type of water? ... Depth of strata 3'
Method of sealing strata off Casing

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

(8) WATER LEVELS: Land-surface elevation above mean sea level .... 675' ft.
Static level 35' ft. below top of well Date 4-22-81
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 24 gal./min. with 10 ft. drawdown after 2 hrs.
Artesian flow ... g.p.m. Date ...
Temperature of water 55 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
Top Soil	0	8
Brown Clay & Fine Sand	8	43
coarse Sand water	43	45
Shale gray	45	110
~~Schist~~ Shale Brown	110	~~180~~ 170
Shale gray	170	186

RJ 5/21/81

MAY 19 1981

Work started 4-14 19 81 Completed 4-23 19 81

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 S & S Drilling (Person, firm, or corporation) (Type or print)

Address 701 N Jennifer Lane E. Wen. 98856

[Signed] Richard C Bergquist (Well Driller)

License No. 0750 Date 4-23, 1981

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

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. 24992

Permit No. .....

(1) OWNER: Name William L Campbell Address .....

(2) LOCATION OF WELL: County Okanogan SE¼ SE¼ Sec. 26 T. 32 N., R. 27 W.M.

Bearing and distance from section or subdivision corner 400' West of SE 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 8 inches.
Drilled 90 ft. Depth of completed well 90 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 8" Diam. from 1 ft. to 90 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? 21 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.
No Water
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.
" " " "
" " " "

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
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
yellow sand clay	0	35
Yellow hard pan with ¼ in gravel	35	50
Black gravel ½ to 1 in size no water	50	60
yellow hard pan with ¼ to ½ gravel	60	65
Broken Basalt ~~with~~ 1 in to 2 in rock no water	65	75
Yellow Clay with 2 in basalt rock	75	80
Gray gravel with boulders 2 ft in size	80	90
Well sealed with metal cap		
Going to go deeper with Rotary soon.		

RECEIVED
MAY 11 1978
DEPARTMENT OF ECOLOGY
WATER RESOURCES

Work started 5/6/77 19... Completed 4/14 19 77

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 Tamarack Drilling (Person, firm, or corporation) (Type or print)

Address RT 1 Box 135 C Leavenworth

[Signed] Walter T. Baker (Well Driller)

License No. ... Date ... 19 77

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

3

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. C 4-25516

(1) OWNER: Name Marion E. Hill Address Squilchuck Road Wenatchee

(2) LOCATION OF WELL: County Chelan SE ¼ SE ¼ Sec. 28 T. 22 N., R. 20 E. 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 8 inches.
Drilled ..... ft. Depth of completed well 65 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: ..... " Diam. from ..... ft. to ..... ft.
Threaded ☐ ..... " Diam. from ..... ft. to ..... ft.
Welded ☒ 8 " Diam. from 0 ft. to 65 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? ..... ft.
Material used in seal .....
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? ..... Depth of strata .....
Method of sealing strata off Bentonite

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

(8) WATER LEVELS: Land-surface elevation above mean sea level .... ft.
Static level 12 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: 15 gal./min. with 10 ft. drawdown after 1 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 25 gal./min. with 10 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
Top Soil	0	5
Clay yellow	5	22
Sandy Clay	22	28
Fine Sand & Gravel water Bearing	28	46
Sandy Stone & Gravel water Bearing	46	63

RECEIVED
MAY 11 1978
DEPT. OF ECOLOGY

Work started 6-16, 19 77 Completed 6-16, 19 77

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 Leavenworth Water
(Person, firm, or corporation) (Type or print)

Address Leavenworth Wa

[Signed] Gary Kelly
(Well Driller)

License No. 0606 Date 6-16, 19 77

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

Third Copy — Driller's Copy

STATE OF WASHINGTON

Permit No. .....

(1) OWNER: Name Cecil Hurd Address Ritzville Grayson

(2) LOCATION OF WELL: County Chelan NE NE [redacted] 1/4 Sec. 31 T. 22 N., R. 20 W.M.

Bearing and distance from section or subdivision corner 2.2 ft. S of the NE corner, then 70 ft west

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

(4) TYPE OF WORK: Owner's number of well (if more than one) 2
New well [X] Method: Dug [ ] Bored [ ]
Deepened [ ] Cable [X] Driven [ ]
Reconditioned [ ] Rotary [ ] Jetted [ ]

(5) DIMENSIONS: Diameter of well 8 inches.
Drilled 100 ft. Depth of completed well 100 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 8 " Diam. from 0 ft. to 40 ft.
Threaded [ ] " Diam. from ft. to ft.
Welded [X] " 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 [ ] 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? 21 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 26 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 [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
Baller test 15 gal./min. with 60 ft. drawdown after 1 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes [ ] No [X]

(10) WELL LOG: See Attached

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~~ Top soil	1	4
Silt	4	30
some water above 28 ft		
Yellow clay	30	31
some water		
Blue clay	31	33
Blue clay Sandy	33½	58
Slate some water	58	60
Blue clay	60	81
Lime sand and	81	86
Gravel some water		
Sandstone Gray	86	97
Blue clay	97	99
Sandstone open	99	100

RECEIVED
MAY 11 1970
DEPARTMENT OF CONSERVATION

Work started ....., 19..... Completed ....., 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 Tumwater Drilling
(Person, firm, or corporation) (Type or print)

Address Leavenworth

[Signed] [redacted]
(Well Driller)

License No. 0606 Date 6-9, 19 70

(USE ADDITIONAL SHEETS IF NECESSARY)

S. F. No. 7356—OS—(Rev. 4-71)
ECY-070-28

NO.	SYSTEM NAME / SYSTEM MAILING ADDRESS / BACTI SAMPLING SCHEDULE / POPULATION / SOURCE NO. SOURCE NAME	COUNTY / CITY, ST ZIP / JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	CLASS / CATEGORY TYPE INTERTIE DEPTH CAPACITY TREATMENT	TWP RNG SEC
03420	WENATCHEE RIVER COUNTY PARK BOX 254 Bacti: once/ 3 months Perm: 5	CHELAN MONITOR, WA 98836	Class: 3	
	Source: 1	WELL	40' 100 NONE.	23N 19E 14
	Source: 2	WELL	40' 150 NONE.	23N 19E 14
04968	SIMON, DOUGLAS %RT 3 BOX 3168 Bacti: once/12 months Perm: 10	DOUGLAS WENATCHEE, WA 98801	Class: 4	
	Source: 1	WELL	80' 5 NONE.	23N 20E
04637	GRAND VIEW ACRES PO BOX 2507 Bacti: once/12 months Perm: 12	CHELAN WENATCHEE, WA 98801	Class: 4	
	Source: 1 WELL #1	WELL PRI.	465' 8 NONE.	23N 20E 17
03440	CHELAN COUNTY PUD #1 327 N WENATCHEE AVE Bacti: 6/month Perm: 7,225	CHELAN WENATCHEE, WA 98801	Class: 1	
	Source: 1 NORTH DAM WELLS 1&2	WELL	72' 550 CL2.	23N 20E 28
	Source: 2 PIANET ST WELL 16283	WELL	78' 1,850 CL2.	23N 20E 20
	Source: 3 WENATCHEE REG. WELL	WELL PRI.	CL2.	
18005	EAST WENATCHEE WATER DISTRICT PO BOX 7190 Bacti: 15/month Perm: 13,000	DOUGLAS EAST WENATCHEE, WA 98801	Class: 1	
	Source: 1 WELL #2 - A&B	WELL PRI.	56' 2,000 NONE.	23N 20E 34
	Source: 3 WELL #2 - C	WELL PRI.	60' 1,700 NONE.	23N 20E 34
	Source: 4 WELL #6	WELL PRI.	83' 1,300 NONE.	23N 20E 34
	Source: 5 WELL #4	WELL PRI.	160' 930 NONE.	22N 21E 19
	Source: 6 WELL #5	WELL PRI.	160' 820 NONE.	22N 21E 19
	Source: 7 WELL #3	WELL PRI.	180' 265 NONE.	23N 20E 28
23912	MODURL PO BOX 1175 Bacti: once/12 months (M) Perm: 6	DOUGLAS EPHRATA, WA 98823	Class: 4	
	Source: 1 WELL 4 A	WELL PRI.	700' 1,200 NONE.	23N 25E 19

SYSTEM NAME — COUNTY — CLASS
SYSTEM MAILING ADDRESS — CITY, ST ZIP
BACTI SAMPLING SCHEDULE — JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
POPULATION
SOURCE NO. SOURCE NAME — CATEGORY TYPE INTERTIE DEPTH CAPACITY TREATMENT — TWP RNG SEC

57 LOWER WELL, TRONSEN CR. CAMPGROUND — CHELAN — Class: 4t
600 SHERBOURNE — LEAVENWORTH, WA 98826
Bacti: variable: 0 0 0 0 A A A A A A 0 0
Perm: 0 Transitory: 0 0 0 0 10 20 20 20 10 10 0 0
Source: 1 LOWER WELL — WELL FRI. — 34' — 2 NONE. — 21N 18E 3

5F UPPER WELL, TRONSEN CR. CAMPGROUND — CHELAN — Class: 4t
600 SHERBOURNE — LEAVENWORTH, WA 98826
Bacti: Variable: 0 0 0 0 A A A A A A 0 0
Perm: 0 Transitory: 0 0 0 0 10 20 20 20 10 10 0 0
Source: 1 UPPER WELL — WELL FRI. — 31' — 3 NONE. — 21N 18E 3

57 MISSION RIDGE SKI AREA — CHELAN — Class: 1t
BOX 1765 — WENATCHEE, WA 98801
Bacti: (m) Variable: 3 3 2 2 0 0 0 0 0 0 0 3
Perm: 2 Transitory: 3000 3000 2500 2500 2 2 2 2 2 2 2500 3000
Source: 1 MISSION R. SPRINGS — SPRING FRI. — CL=5C31a21N 19E 26

58 SCOUT A VISTA — CHELAN — Class: 3
COUNTY ANNEX BLDG — WENATCHEE, WA 98801
Bacti: once/ 3 months
Perm: 1
Source: 1 — SPRING — NONE. — 21N 20E 16

5W STEMILT IRRIGATION DISTRICT — CHELAN — Class: 2
1045 COLUMBINE — WENATCHEE, WA 98801
Bacti: 1/month
Perm: 168
Source: 1 SPRING — SPRING PRI. — 70 CL2. — 21N 21E 14

5V COLOCKUM ADLT USE RES UNIT — CHELAN — Class: 3t
6774 COLOCKUM RD — MALAGA, WA 98828
Bacti: Variable: A A A BM 9 9 9 9 9 9 A A
Perm: 6 Transitory: 6 6 6 60 60 60 60 60 60 60 6 6
Source: 1 WELL #1 — WELL FRI. — 183' — 10 NONE. — 21N 21E 33H

5V ROCK ISLAND DAM POWER HOUSE #2 — CHELAN — Class: 4t
C/O PO BOX 1231 — WENATCHEE, WA 98801
Bacti: once/12 months
Perm: 0 Transitory: 12 12 12 12 12 12 12 12 12 12 12 12
Source: 1 WELL # 1 — WELL FRI. — 242' — 240 NONE. — 21N 22E 5

52 WELTON, GEORGE — CHELAN — Class: 4
1447 MALAGA RD — WENATCHEE, WA 98801
Bacti: once/12 months
Perm: 0
Source: 1 WELL #1 — WELL FRI. — 190' — 37 NONE. — 22N 20E 24

ID NO. SYSTEM NAME — COUNTY — CLASS
SYSTEM MAILING ADDRESS — CITY, ST ZIP
BACT SAMPLING SCHEDULE — JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
POPULATION
SOURCE NO. SOURCE NAME — CATEGORY TYPE INTERTIE DEPTH CAPACITY TREATMENT — TWP RNG S

126317 DOUGLAS COUNTY PARK — DOUGLAS — Class: 3t
255 GEORGIA N. — EAST WENATCHEE, WA 98801
Bact: Variable: A A A BA S S S S S S A A
Perm: 0 Transitory: 10 10 15 30 30 30 60 60 50 30 15 10
Source: 1 DOUGLAS CO PARK — WELL PRI. — 36' — 135 GPM. — 22N 20E 24

465X MC GREGOR & AUGER — CHELAN — Class: 4
RT 1 STENICT — WENATCHEE, WA 98801
Bact: once/12 months
Perm: 10
Source: 1 — WELL — 60' — 7 NONE. — 22N 20E 36

2920 HALL'S WATER SYSTEM — DOUGLAS — Class: 4
RT 5 BOX 256 — WENATCHEE, WA 98801
Bact: once/12 months
Perm: 3
Source: 1 — WELL — 65' — 20 NONE. — 22N 21E

66140X THREE LAKES WATER DISTRICT — CHELAN — Class: 2
P.O. BOX 137 — MALAGA, WA 98828
Bact: 1/month
Perm: 42
Source: 1 — WELL — 120' — 100 GAL. — 22N 21E

56040 HILLCREST COMMUNITY SYSTEM — DOUGLAS — Class: 4
RT 3 BOX 3250 B — WENATCHEE, WA 98801
Bact: once/12 months
Perm: 30
Source: 1 WELL # 1 — WELL PRI. — 60' — GAL. — 22N 21E 24

0676 BAIOOS WATER SYSTEM — DOUGLAS — Class: 4
PO BOX 17 — ROCK ISLAND, WA 98850
Bact: once/12 months
Perm: 7
Source: 1 BAIOO'S WELL — WELL PRI. — 60' — 35 NONE. — 22N 21E 25

77on HANNA MINING CO.-WENATCHEE, THE — DOUGLAS — Class: 3
P.O. BOX 801 — WENATCHEE, WA 98801
Bact: once/ 3 months
Perm: 150
Source: 1 — WELL — 107' — 2,500 NONE. — 22N 21E 25
Source: 2 — WELL — 100' — 1,800 NONE. — 22N 21E 25

401E ROCK ISLAND WATER DISTRICT — DOUGLAS — Class: 1
PO BOX 98 — ROCK ISLAND, WA 98850
Bact: 1/month
Perm: 693
Source: 2 WELL # 2 — WELL PRI. — 120' — 350 NONE. — 22N 21E 24
Source: 3 WELL # 3 — WELL PRI. — 120' — 450 NONE. — 22N 21E 24

TWO SITES

ATTACHMENT B

RCRA Section 3012 Preliminary Assessment Program
Land Use and Demography

Prepared for JRB Associates by Shapiro and Associates

Site Name CHELAN CO. - LINCOLN PARK LANDFILL AND - S. WENATCHEE AVE. LANDFILL County WENATCHEE, CHELAN

Sources
1. USGS TOPO - WENATCHEE, 1978
2. BOTTORFF, USFWS, 1984
3. USFWS, 1980
4. WENATCHEE STREET MAP, CHAMBER OF COMMERCE, 1982
5. 1980 CENSUS DATA
6. CHELAN CO. - ENVIRONMENTAL HEALTH, PER COMM., 5/10/85
7.

Distance/direction to a 5-acre (minimum) coastal wetland, if 2 miles or less

NONE.

Source 1

Distance/direction to a 5-acre (minimum) freshwater wetland, if 1 mile or less

NONE

Source 1

Distance/direction to a critical habitat of an endangered species, if 1 mile or less

NONE

Source 2

Distance/direction to a National Wildlife Refuge, if 1 mile or less

NONE

Source 3

Resident and/or transient population within 1 mile of site

3,050

Source 5

Public or private facilities of particular concern (e.g., parks, schools) if within 1 mile or less PARKS - LINCOLN, LOCOMOTIVE PARK, MISSION STREET PARK; SCHOOLS - TWO ELEM.; OTHER - HOSPITAL, RESERVOIR, ONE CHURCH, CITY PUBLIC WORKS

Source 4

Municipal sanitary sewer system and or storm sewers serving the facility?

LINCOLN PARK FACILITIES ARE CONNECTED TO SANITARY AND STORM SEWER SYSTEM

S. WENATCHEE AVE. LANDFILL - NONE

Source 6

Ultimate discharge point(s) of above sewer systems

COLUMBIA RIVER

Source 6

100-year flood potential at site

NONE

Source 6

RELEASE OF CONTAMINANTS VIA AIR ROUTE
(Complete only if directed by JRB)

Population within various radii of site:

1/4 mile _____ 1 mile _____

1/2 mile _____ 4 miles _____

Source _____

Distance/direction to a commercial/industrial area, if 1 mile or less

Source _____

Distance/direction to a national or state park, forest or wildlife refuge if 2 miles or less

Source _____

Distance/direction to a residential area if 2 miles or less

Source _____

Distance/direction to agricultural land in production within past five years, if 1 mile or less

Source _____

Distance/direction to prime agricultural land in production within past five years, if 2 miles or less

Source _____

Distance/direction of a historic or landmark site (National Register of Historic Places and National Natural Landmarks) if within 1 mile or less

Source _____

TELEPHONE & CONVERSATION REPORTING FORM

PROJECT RCRA 3012 - 240 SITES CLIENT _____

LOCATION _____ LOCATION _____

_____ CLIENT PROJ. NO. _____

TOPIC _____ DATE 5/10/95 BY _____ PAGE ___ OF ___

INDIVIDUAL(S) TALKED WITH: _____ DIRECT CONVERSATION ____

_____ PHONE CONVERSATION X

REPRESENTING (COMPANY): _____ PHONE ( )

ADDRESS: _____ INCOMING ____ AM ____

_____ OUTGOING ____ PM ____

CONVERSATION NOTES:

YAKIMA COUNTY — SANDY HURST, SEWER DISTRICT - ENGINEERING DEPT.

509-575-6077

CROP KING CHEMICALS — NO SEWER, IS CONNECTED TO WATER

JOHN DEERE - YAKIMA WORKS - YES, CONNECTED TO SEWER

MUELLER HOP PRODUCTS - NO SEWER, IS CONNECTED TO WATER

RAINIER PLASTICS - YES, CONNECTED TO SEWER

YAKIMA OLD CITY LANDFILL - NO SEWER OR WATER

CHELAN COUNTY — ENVIRONMENTAL HEALTH 509-664-5306

CHELAN COUNTY - DRYDEN LANDFILL - ACTIVELY USED - NO SEWER, NOT IN FLOODPLAIN

- LINCOLN PARK LANDFILL - CLOSED, IS PRESENTLY A PARK, FACILITIES CONNECTED TO SEWER SYSTEM NOT IN FLOODPLAIN

- S. WENATCHEE AVE LANDFILL - 2 CITIES BLOCK AWAY FROM LINCOLN PARK, ALSO CLOSED, NO SEWER, NOT IN FLOODPLAIN

- WORTHEN STREET LANDFILL - CLOSED, SEWER PLANT IS LOCATED PARTLY ON SITE, WITHIN THE FLOODPLAIN

- MALAGA LANDFILL - CLOSED, NO SEWER & NO FLOODPLAIN

- HI-VALLEY DISPOSAL - OFFICE ONLY, SEWER, NOT IN FLOODPLAIN

EASTMONT DEVELOPMENT COMPANY - LANDFILL THAT HI-VALLEY DISPOSAL USES, NO SEWER, NOT IN A FLOODPLAIN

COPIES TO: JOB FILE _____ _____

_____ _____ Tina Miller

_____ _____ SIGNATURE

EGION: 10

U. S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
DATA BASE UPDATED 84/06/04
T.1 - ERRIS TURNAROUND DOCUMENT

RUN DATE: 84/06/04
RUN TIME: 23:34:04

ITE DATA
****

EPA ID NO.: WAD980639074 SHEET 01

(ACTION : *__* - FOR DATA ENTRY USE ONLY)

SF ID: *___* *___* *___* *___* *___*

SITE NAME: CHELAN CO - LINCOLN PARK LDFL

STREET: MISSION & CRAWFORD

NATL PRIORITY: N

CITY: WENATCHEE

HRS: *____.__*

CNTY NAME: CHELAN

HRS DATE (YY/MM): *___/___*

LATITUDE: 47/24/15.0

LONGITUDE: 120/18/17.0

SOURCE: N

CONG. DIST: 01

ST: WA ZIP: 98801-_____

CNTY CODE: 007

SOURCE COUNTS:

NOTIS:	1
STS:	0
HWDMS:	0
COMPOSITE:	0
OTHER:	0

RESPONSE TERMINATION (CHECK ONE IF APPLICABLE): PENDING *__* NO FURTHER ACTION *__*

ENF. DISP. (CHECK ANY THAT APPLY): NO VIABLE RESP. PARTY *__* VOL. RESP. *__* ENF. RESP. *__* COST RECOV. *__*

RSPO NAME: *_____* RSPO PHONE: *___-___-____* FED. FAC. (Y/N): N NON-SITE: *__*

SMSA: *_____* USGS HYDRO. UNIT: 17020010 REG. FLD1: *_____* REG. FLD2: *__*

SITE DESCRIPTION: *_____*
_____
_____
_____

VENTS
*****

	(ACTION - FOR DATA ENTRY USE ONLY)	EVENT TYPE	DATE (YY/MM) STARTED	DATE (YY/MM) COMPLETED	CONDUCTED BY - EPA	CONDUCTED BY - STATE	CONDUCTED BY - RESP/PARTY	CONDUCTED BY - OTHER	COUNTS
RESPONSE EVENTS	*__*	(X) SITE DISCOVERY (SD)		81/06					
	__	PRELIMINARY ASSESSMENT (PA)	*___/___*	*___/___*	*__*	*__*			
	__	SITE INVESTIGATION (SI)	*___/___*	*___/___*	*__*	*__*			
	__	REMEDIAL ACTION (RD)	*___/___*	*___/___*	*__*	*__*	*__*	*__*	*___*
	__	REMOVAL ACTION (RV)	*___/___*	*___/___*	*__*	*__*	*__*	*__*	*___*
NFORCE. VENTS	*__*	ENFORCEMENT INVESTIGATION (EI)	*___/___*	*___/___*	*__*	*__*		*__*	
	__	ADMINISTRATIVE ORDER (AO)	*___/___*	*___/___*	*__*	*__*		*__*	
	__	JUDICIAL ACTION (JA)	*___/___*	*___/___*	*__*	*__*		*__*	

REGION: 10

U. S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
DATA BASE UPDATED 84/06/04
T.1 - ERRIS TURNAROUND DOCUMENT

RUN DATE: 84/06/04
RUN TIME: 23:34:04

EPA ID NO.: WAD980639074 SHEET 02

SITE NAME: CHELAN CO - LINCOLN PARK LDFL

ALIAS AND ALIAS LOCATION DATA
****

ALIAS (ACTION *__* - FOR DATA ENTRY USE ONLY)

SEQ. NO.: 01 ALIAS NAME: LINCOLN PARK LDFL SOURCE: R

ALIAS LOCATION (ACTION *__* - FOR DATA ENTRY USE ONLY)

CONTIGUOUS PORTION OF SITE: C

STREET: MISSION & CRAWFORD CONG. DIST.: 01

CITY: WENATCHEE ST: WA ZIP: 98801-_____

CNTY NAME: CHELAN CNTY CODE: 007

LAT: 47/25/06.0 LONG.: 120/17/30.0 SMSA: *_____* USGS HYDRO. UNIT: 17020010

ALIAS (ACTION *__* - FOR DATA ENTRY USE ONLY)

SEQ. NO.: *___* ALIAS NAME: *_____* SOURCE: *__*

ALIAS LOCATION (ACTION *__* - FOR DATA ENTRY USE ONLY)

CONTIGUOUS PORTION OF SITE: *__*

STREET: *_____* CONG. DIST.: *___*

CITY: *_____* ST: *___* ZIP: *_____-_____*

CNTY NAME: *_____* CNTY CODE: *____*

LAT: *___/___/___.__* LONG.: *___/___/___.__* SMSA: *_____* USGS HYDRO. UNIT: *_____*

SITE NAME: CHELAN CO - LINCOLN PARK LDFL

REGIONAL ENTRIES
****

(ACTION - FOR DATA ENTRY USE ONLY)	ENTRY CODE	DESCRIPTION	DATE1 (YY/MM/DD)	DATE2 (YY/MM/DD)	DATE3 (YY/MM/DD)	FREE FIELD
* *	LLHO.01	WASTE TYPE & QUANTITY: UNKNOWN	* / / *	* / / *	* / / *	* *
* *	LLHO.02	WASTE SOURCE: UNKNOWN	* / / *	* / / *	* / / *	* *
* *	LLLO.01	SITE ACTIVITY: STORE/DISPOSE	* / / *	* / / *	* / / *	* *
* *	LLLO.02	RECOMMENDATION FOR SITE: WARRANTS FURTHER INVESTIGATION	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *
* *	* . *	* *	* / / *	* / / *	* / / *	* *

EPA Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

WASCOC 001133
Pmd 8 81/06/08

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name CITY OF WENATCHEE
Street BOX 519
City WENATCHEE State WA Zip Code 98801

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Douglas LINCOLN PARK LANDFILL
Street MISSION & CRAWFORD
City WENATCHEE County CHELAN State WA Zip Code 98801

WAD980639074

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) DELABARRE NORMAN ACTING DIR.
Phone 509-663-7181

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1948 To (Year) 1967

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☒ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☒ Mixed Municipal Waste
10. ☒ Unknown
11. ☐ Other (Specify)

_____
_____
_____

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☒ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☒ Utility Companies
14. ☒ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☒ Unknown
18. ☐ Other (Specify)

_____
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

RECEIVED
JUN 11 '81

Form Approved
OMB No. 2000-0138

Notification of Hazardous Waste Site — Side Two

F Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet UNKNOWN

gallons UNKNOWN

Total Facility Area

square feet

acres

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. ☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessi g hazardous waste sites. Although completing the items is not required, you are encouraged to do so

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

SEE EXHIBIT "B"
SITE "A"

A

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other"

Name Norman L. Delabarre

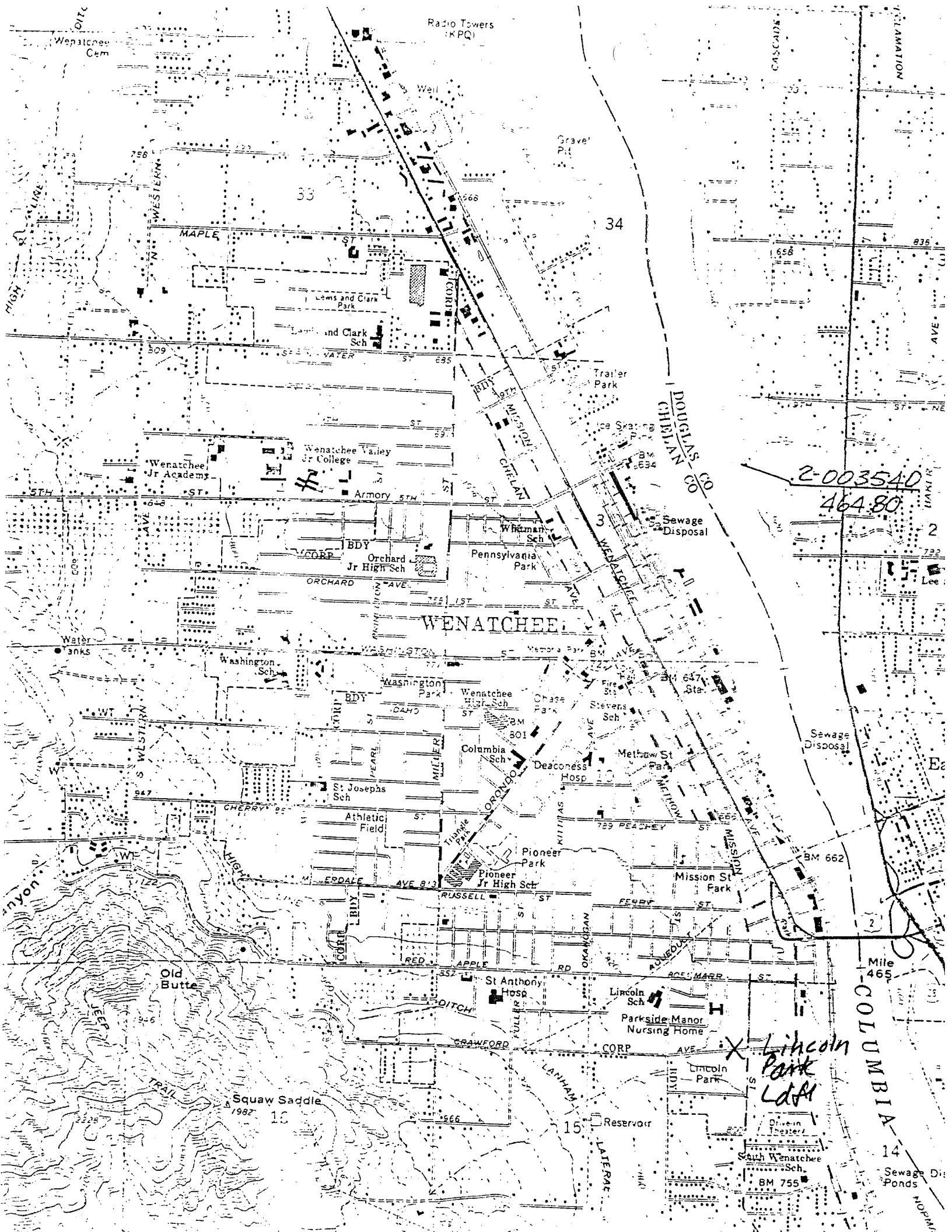
Street Box 519

City Wenatchee State Wa Zip Code 98801

Signature _____ Date _____

☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☒ Operator, Past
☐ Other

[FR Doc. 81-11500 Filed 4-14-81; 8:45 am]
BILLING CODE 6560-29-C


Radio Towers (KPQ)
Wenatchee Cem
Well
Gravel Pit
33
34
MAPLE ST
WESTERN
Lewis and Clark Park
Lewis and Clark Sch
SECOND
SECOND WATER ST
Trailer Park
BDY
MISSION
CHELAN
DOUGLAS CO
Wenatchee Valley Jr College
Wenatchee Jr Academy
Armory
5TH ST
Whitman Sch
Sewage Disposal
Orchard Jr High Sch
Pennsylvania Park
ORCHARD AVE
1ST ST
WENATCHEE
Water Tanks
WASHINGTON ST
Washington Sch
Washington Park
Wenatchee High Sch
Chase Park
Fire Sta
Stevens Sch
IDAHO ST
Columbia Sch
Deaconess Hosp
Methow St Park
St Josephs Sch
CHERRY ST
Athletic Field
PEACHEY ST
Triangle Park
Pioneer Park
Pioneer Jr High Sch
Mission St Park
BM 662
FERRY ST
RUSSELL
ERDALE AVE
RED APPLE RD
St Anthony Hosp
Lincoln Sch
Parkside Manor Nursing Home
CRAWFORD
CORP AVE
Lincoln Park
Old Butte
Squaw Saddle
1982
Reservoir
South Wenatchee Sch
BM 755
Sewage Ponds
COLUMBIA
Mile 465
2-003540
46480
Lincoln Park LdA

JRB ASSOCIATES

MEMORANDUM

Date: February 20, 1985

To: RCRA Files

From: Patt O'Flaherty PO

Subject: RCRA - WASTE HAULERS 103c NOTIFICATION

When completing PAs on local landfills, we have discovered that waste haulers including Bayside, Sno-King, and others have listed several categories of hazardous materials as being a component of their transport. Based on this, the FIT contractor has often given a landfill a high preliminary hazard score or reported concern for these sites. It is important, however, to read the disclaimer that these waste haulers have also attached to their 103(c) forms which in essence states that the hauler did not knowingly carry hazardous wastes. Thus the checked waste categories are merely an acknowledgement that these wastes would have been unknowingly carried.

This is not a confirmation that hazardous wastes occur in a landfill. Therefore, I recommend that unless other documentation occurs attributing hazardous wastes/materials, you should consider this 103(c) as solely a notice that these companies made a delivery to the site, and that hazardous wastes were not a component.

cc: B. Morson
L. Starlin
M. Olczak

BAYSIDE DISPOSAL
7201 W. MARGINAL W.A. S.W.
SEATTLE WASHINGTON, 98[illegible]
(206) 76[illegible]

E Waste Type: Choose the option you prefer to complete

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source of Waste: Place an X in the appropriate boxes.
1. ☒ Organics	1. ☐ Mining
2. ☒ Inorganics	2. ☒ Construction
3. ☒ Solvents	3. ☐ Textiles
4. ☐ Pesticides	4. ☐ Fertilizer
5. ☐ Heavy metals	5. ☒ Paper/Printing
6. ☐ Acids	6. ☐ Leather Tanning
7. ☐ Bases	7. ☒ Iron/Steel Foundry
8. ☐ PCBs	8. ☒ Chemical, General
9. ☒ Mixed Municipal Waste	9. ☒ Plating/Polishing
10. ☒ Unknown	10. ☐ Military/Ammunition
11. ☐ Other (Specify) _____	11. ☒ Electrical Conductors
	12. ☐ Transformers
	13. ☒ Utility Companies
	14. ☒ Sanitary/Refuse
	15. ☒ Photofinish
	16. ☒ Lab/Hospital
	17. ☒ Unknown
	18. ☐ Other (Specify) _____

Form Approved
OMB No. [illegible]

June 2, 1981

To: Environmental Protection Agency
From: Bayside Disposal Company
Subject: Notification of Hazardous Waste Sites

The facilities listed on the attached maps are, to the best of our knowledge, all of the facilities to which this company has at sometime transported for disposal, material that could have included material now defined as hazardous waste by the E.P.A.

Unless expressly stated otherwise, such listing does not represent that this firm has transported any particular type or quantity of hazardous waste. Nor does such listing in any way represent or imply that this firm has at any time transported or delivered for disposal any hazardous waste in any manner not fully consistent with all Federal, State or Local requirements applicable at the relevent time.

eg - From 103(c)

Disclaimer

SAIC JRB Associates
A Division of Science Applications International Corporation

CONTACT REPORT

Project Number: 136

Contact: Phyllis McNulty
Company: Chelan Co Env. Health
Phone: (509) 664-5306

Date: 5/1 Time: 10:30

- [ ] Made Call
- [ ] Received Call
- [x] Meeting

Discussion: Lincoln Park Ldfl - made into park in 1970's. Probably served Wenatchee urban area.

Malaga - operated by city + county. Alcoa owns property. No known problems.

Cashmere Ldfl - has about one year left. Some signs of leachate, 11 acres. Minimal pesticides. Primarily municipal owned & operated. Fenced. Have run priority pollutant scans & come up w/ nothing.

S Wenatchee Transfer Stn - run by Dependable Disposal. Old Ldfl. Probably mostly municipal wastes, Transfer stn has been there about 10 years. Doesn't know size of original fill. Has long since been covered over.

Hi Valley + Dependable Disposal - 711A N Wenatchee Ave - offices only

Distribution:

Prepared by: Starlin

Seattle Office
Environmental Technology Group
(206) 747-7899

Lincoln Park Landfill – 5/1/85

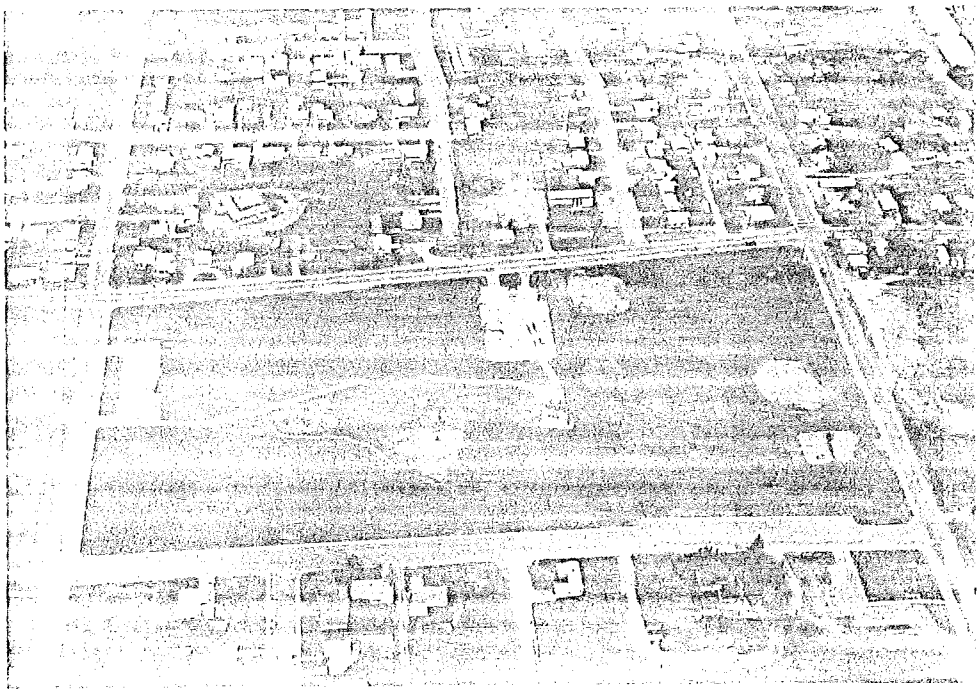


Photo from 5/1/85 overflight