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

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

# WATER WELL REPORT

(LONGWOOD WATER AREA) STATE OF WASHINGTON

Application No. 29/03-29A
Permit No. G1-20205

**(1) OWNER:** Name PIONEER PROPERTIES (K. BRYDGES) Address 6431 S. LONGWOOD, CLINTON 98236

**(2) LOCATION OF WELL:** County ISLAND — NE ¼ NE ¼ Sec 29 T 29 N., R 3E W.M.

Bearing and distance from section or subdivision corner (550' W & 90' S of NE COR-SEC 29)

**(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 ☐ Deepened ☐ Reconditioned ☐

Method: Dug ☐ Cable ☒ Rotary ☐ Bored ☐ Driven ☐ Jetted ☐

**(5) DIMENSIONS:** Diameter of well 6" inches.

Drilled ..... ft. Depth of completed well 200 ft.

**(6) CONSTRUCTION DETAILS:**

Casing installed: ..." Diam. from ... ft. to ... 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 5'x6" (2)
Type ... Model No.
Diam. 6" Slot size 14 from 190 ft. to 195 ft.
Diam. 6" Slot size 12 from 195 ft. to 200 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 (12.50 WERM)
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 164 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.
" " " "
(* ESTIMATE "75-100 GPM CAPACITY")
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 |
|---|---|---|
| SANDY | 0 | 45 |
| SANDY CLAY | 45 | 90 |
| GRAVELY CLAY | 90 | 107 |
| SANDY CLAY | 107 | 162 |
| WATER IN SAND (7' WATER HERE) | 162 | 166 |
| SANDY CLAY | 166 | 184 |
| WATER IN SAND | 184 | 200 |

FROM INFO FROM APPLICANT DRILLER ON BIDE FOR DRILLING BIDS. NO LOG AVAIL.
7-23-80 JB.

Work started ..., 19.. Completed 4-23, 1969

**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 WHIDBEY WELL DRILLERS (Person, firm, or corporation) (Type or print)

Address OAK HARBOR

[Signed] (LAMBERT VANDEL STOEP) (Well Driller)

License No. ... Date ..., 19..

(USE ADDITIONAL SHEETS IF NECESSARY)

WASHINGTON STATE DEPARTMENT OF ECOLOGY

# Well Tagging Form

5018

**Unique Well Tag No:** AGA 859

## RECORD VERIFICATION (check one)

- [ ] Well Report available *(please attach this form to the well report and submit it to the Ecology Regional Office near you)*
- [ ] Verification inconclusive
- [ ] Well Report not available

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name LONGWOOD W ASSN Last Name

Street Address 48166-A

City State

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 6402 LONGWOOD LN (BEHIND)

City County

T N R W M Sec 1/4 of the

## FOR AGENCY USE ONLY

Latitude

Longitude

- [ ] GPS
- [ ] Topographic Map
- [ ] Survey
- [ ] Computer generated

Elevation at land surface feet/meters *(circle one)*

- [ ] Digital Altimeter
- [ ] Topographic Map
- [ ] Other

**Additional information, if available.**

- [ ] Location marked on topographic map *(please attach)*
- [ ] Location marked on air photo *(please attach)*

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.

## FOR AGENCY USE ONLY

## WELL CHARACTERISTICS

ysical Description of well (size of casing type of well housing etc )

6" CASING IN SHED (~2') ATTACHED TO PH SHED IS RED AND PH IS BROWN PH IS PLYWOOD W SLOPED ROOF (SHINGLED)

cation of Well Identification Tag

CASING

is supplemental tag needed for ease of identifying well? ☐ Yes ☒ No

is where was tag placed? _____

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| M | L | K | J |
| N | P | Q | R |

Scale 1 24 000 (1' =2 000 )

Indicate the location of the well within the Section by drawing a dot at that point

SECTION _____

MMENTS

## FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

r Right # _____ Date Issued _____

e One Application Permit Certificate Claim Exempt