The Dep. 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

STATE OF WASHINGTON

29/2E-9J
Start Card No. 037119

Water Right Permit No _____

(1) OWNER: Name J.A. Schwager Address _____

(2) LOCATION OF WELL: County ISLAND NE ¼ SE ¼ Sec 9 T 29 N., R 2E W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) S. Bush Pt Rd

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 149 feet. Depth of completed well 149 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from 0 ft. to 139 ft.
Welded [X] 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 Johnson
Type Stainless, Welded Model No. _____
Diam. 6 Slot size 12 from 139 ft. to 144 ft.
Diam. 6 Slot size 12 from 144 ft. to 149 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 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 120' ft.
Static level 60' ft. below top of well Date July 90
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 20 gal./min. with 35 ft. drawdown after 2 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
HARD PAN	2	22
SANDY CLAY	22	130
FINE WATER SAND	130	139
WATER SAND	139	149
CLAY CHUNKS	149	

JUL 26 1990
DEPT. OF ECOLOGY

Work started July, 19. Completed July, 1990

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept reponsibility 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 WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address OAK HARBOR 98277
(Signed) [signature] (WELL DRILLER) License No. 129
Contractor's Registration No. WHID 289 MM Date July, 1990

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329- 3

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: **APH116**

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

Name: Schimpf Water System

Street Address: 942 E BUSH POINT RD

City: FREELAND State: WA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 942 Bush Pt Rd

RECEIVED MAR 23 2007 DEPT. OF ECOLOGY

City: County: Island

T. 29N R. 02E W.M. Sec. 09 NE 1/4 of the SW 1/4

FOR AGENCY USE ONLY

Latitude: 48 0.8445702

Longitude: 122 33.77408

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

Elevation at land surface 75 (feet) / meters (circle one)

- [ ] Digital Altimeter
- [ ] Topographic Map
- [✓] Other: Computer Generated from DEM and GPS XY Coordinates

Additional Information, if available:

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

Tag placed and well GPS'd by: ISLAND COUNTY PUBLIC HEALTH ALWAYS WORKING FOR SAFER AND HEALTHIER COMMUNITIES

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

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Just East of Red Barn. Small Dark Red Pump House On Left.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well? ☐ Yes ☑ No

If yes, where was tag placed?

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

SECTION: 29N/02E-09

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One: Application Permit Certificate Claim Exempt

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

STATE OF WASHINGTON

Start Card No. 29/2E-9J 037119

Water Right Permit No

(1) OWNER: Name J.A. Schwager Address

(2) LOCATION OF WELL: County ISLAND NE ¼ SE ¼ Sec 9 T 29 N, R 2E W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) S. Bush Pt Rd

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 149 feet. Depth of completed well 149 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from 0 ft. to 139 ft.
Welded [X] " Diam. from ft. to ft.
Liner installed [ ] Threaded [ ] " 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 Johnson
Type STAINLESS, Welded Model No.
Diam. 6 Slot size 12 from 139 ft. to 144 ft.
Diam. 6 Slot size 12 from 144 ft. to 149 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 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 120' ft.
Static level 60' ft. below top of well Date July 90
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 20 gal./min. with 35 ft. drawdown after 2 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
HARD PAN	2	22
SANDY CLAY	22	130
FINE WATER SAND	130	139
WATER SAND	139	149
CLAY CHUNKS	149	

JUL 26 1990
DEPT. OF ECOLOGY

Work started July, 19. Completed July, 1990

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 WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address OAK HARBOR 98277
(Signed) [signature] (WELL DRILLER) License No. 129
Contractor's Registration No. WHIDBEY 289 MM Date July, 1990

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329- 3