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

Water Right Permit No. 28/3E/4G

(1) OWNER: Name Bill Wasloski Address 7446 S. Maxwelton Rd. Clinton

(2) LOCATION OF WELL: County ISLAND NE ¼ SW ¼ Sec. 4 T. 28 N., R. 3E W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) Burley Rd

(3) PROPOSED USE: ☒ Domestic ☐ Irrigation ☐ DeWater Industrial ☐ Test Well ☐ Municipal ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 1

Abandoned ☐ New well ☒ Deepened ☐ Reconditioned ☐ Method: Dug ☐ Cable ☒ Rotary ☐ Bored ☐ Driven ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 166 feet. Depth of completed well 166 ft.

(6) CONSTRUCTION DETAILS:

Casing Installed: 6 " Diam. from 0 ft. to 161 1/2 ft.
Welded ☒ " Diam. from ft. to ft.
Liner installed ☐ " Diam. from ft. to ft.
Threaded ☐

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 COOK
Type STAINLESS Model No.
Diam. 6 Slot size 10 from 161 ft. to 166 ft.
Diam. Slot size from ft. to ft.

Gravel packed: Yes ☒ No ☒ Size of gravel (NO)
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 150 – ft.
Static level 121 ft. below top of well Date Sept 91
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 20 – ft. drawdown after 4+ 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
SANDY CLAY	0	30
DIRTY SAND	30	91
SAND WITH CLAY	91	135
WATER SAND	135	141
DIRTY SANDY CLAY	141	155
WATER SAND	155	166

RECEIVED
OCT 03 1991
DEPT. OF ECOLOGY

ISLAND COUNTY WELL SITE APPROVED

Work started Sept, 19 1 Completed Sept, 1991

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 WELL DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WASH 98277

(Signed) [signature] (WELL DRILLER) License No. 129

Contractor's Registration No. WHID289 MM Date Sept, 1991

(USE ADDITIONAL SHEETS IF NECESSARY)

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

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: ALQ 366

RECORD VERIFICATION (check ✓ one)

- [x] 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: _____ Last Name: _____

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 7443 Glen Eagle Lane

City: Clinton County: Island

T. _____ N. R. _____ _____ W.M. Sec. _____ _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____ _____ ' _____ _____ "

Longitude _____ _____ ' _____ _____ "

- [x] 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)*

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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

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

Location of Well identification Tag:

Was supplemental tag needed for ease 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

Scale 1:24,000 (1"=2,000')

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

SECTION

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # Date Issued

Circle One: Application Permit Certificate Claim Exempt