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

WEST WORK WELL

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

Welltagid: ALQ086

WATER WELL REPORT

STATE OF WASHINGTON

32/01W-24H

Application No. G1-230

Permit No. ....

(1) OWNER: Name C. L. GOSSELIN Address 1386 SWANTOWN OAK HARBOR

(2) LOCATION OF WELL: County ISLAND N1/2 - SE ¼ NE ¼ Sec. 24 T. 32 N., R. 1 W.

B[illegible] and distance from section or subdivision corner AT INTERSECTION OF LOTS A, B, C & D SHORT PLOT # 77/48/

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

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
New well ☑ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☑ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 241 ft. Depth of completed well 241 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 236 ½ 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 Johnson
Type WIRE, STAINLESS Model No. 36 ½
Diam. 6 Slot size 14 from 236 ft. to 241 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 CLAY
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: Sub H.P. .....

(8) WATER LEVELS: Land-surface elevation above mean sea level ..... ft.
Static level 210 ft. below top of well Date DEC 77
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

[illegible]te of test .....
Bailer test 25 gal./min. with 13 ft. drawdown after 6 hrs.
Artesian flow ..... g.p.m. Date .....
Temperature of water ..... Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG: (900' N & 440' W OF E¼ COR)

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

MATERIAL	FROM	TO
CLAY		5
SANDY HARD	5	11
GRAVEL	11	25
SAND + GRAVEL	25	42
SAND + CLAY	42	67
DIRTY SAND	67	110
DRY SAND	110	176
SANDY CLAY	176	21[illegible]
WATER SAND (5 GPM)	218	220
SANDY CLAY	220	227
WATER IN SAND	227	24[illegible]
APPROX 50 GPM. (NEEDS TEST PUMPING FOR [illegible] FLOW)		

RECEIVED
FEB 15 2008
DEPT. OF ECOLOGY

Work started ....., 19..... Completed DEC, 19..

WELL DRILLER'S STATEMENT:

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

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

Address OAK HARBOR WN

[Signed] [signature] (Well Driller)

License No. 129 Date Dec, 19..

(USE ADDITIONAL SHEETS IF NECESSARY)

WEST VIEW WELL

32/01W-24H

File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
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WATER WELL REPORT

STATE OF WASHINGTON

Application No. G1-23021

Permit No. .....

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(2) LOCATION OF WELL: County ISLAND N1/2 - SE ¼ NE ¼ Sec. 24 T. 32 N., R. 1 W.M.

B(' and distance from section or subdivision corner AT INTERSECTION OF LOTS A, B, C & D SHORT PLAT # 77/48/24/32 1W

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

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

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Reconditioned ☐ Rotary ☐ Jetted ☐

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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 Johnson
Type WIRE, STAINLESS Model No. 3-1
Diam. 6 Slot size 14 from 236 ft. to 241 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 CLAY
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: Sub H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ft.
Static level 210 ft. below top of well Date DEC 77
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

(te of test
Bailer test 2.5 gal./min. with 13 ft. drawdown after 6 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG: (900' N & 440' W OF E¼ COR) 1W

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.*

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SANDY CLAY	176	218
WATER SAND (5 GPM)	218	220
SANDY CLAY	220	227
WATER IN SAND	227	241
APPROX 50 GPM. (NEEDS TEST PUMPING FOR MAX FLOW)		

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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 WN

[Signed] [signature] (Well Driller)

License No. 129 Date Dec, 19 77

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

RCVD, 2-1-79

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