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

32/01-21C

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. 31-[illegible]

Permit No. G1-[illegible]

STEPHEN M WALDEK

(1) OWNER: Name HAROLD CUSTER WATER Address 1234 LOMBARD LN. OAK HARBOR

(2) LOCATION OF WELL: County ISLAND NE ¼ NW ¼ Sec. 21 T. 30 N. R. 1E W.M.

Bearing and distance from section or subdivision corner (490' W & 725' S OF N¼ COR - SEC 21)

(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: Dry ☐ Bored ☐
Deepened ☐ Cable ☑ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 228 ft. Depth of completed well 228 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 217'4" 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 COOK
Type BRASS Model No. 2961
Diam. 6 Slot size 10 from 217 ft. to 228 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 to 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 200 ft.
Static level 175 ft. below top of well Date OCT 71
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? Good ☑ Poor ☐
Yield: 40 gal/min with 35 ft. drawdown after 4 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 17 ft. drawdown after 4 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
GRAVELY HARD	0	68
SAND	68	115
CLAY - GRAY	115	131
SANDY CLAY	131	149
GRAVELY CLAY	149	160
SANDY CLAY	160	181
CLAY WITH SAND LAYERED	181	205
JUNKY SANDY CLAY (mud)	205	210
WATER SAND	210	218
CLAY LAYER	218	212
WATER SAND #10	212	228
FINER SAND	228	

WELL MADE 50 G.P.M. WHEN DRILLED IN SEPT 1971

LOG TAKEN FROM PASSED OWNERS DRILLING RECORDS by [illegible] 129

Work started ... 19 Completed SEPT 1971

WELL DRILLER'S STATEMENT:

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

DRILLED BY

NAME L. VANDERSTOEP - WHIDBEY WELL (Person, firm, or corporation) (Type or print)

Address OAK HARBOR

NOV 30 1979

DEPT OF ECOLOGY

(Signed) (No Longer in Business) (Well Driller)

License No. — Date SEPT 1971

(USE ADDITIONAL SHEETS IF NECESSARY)

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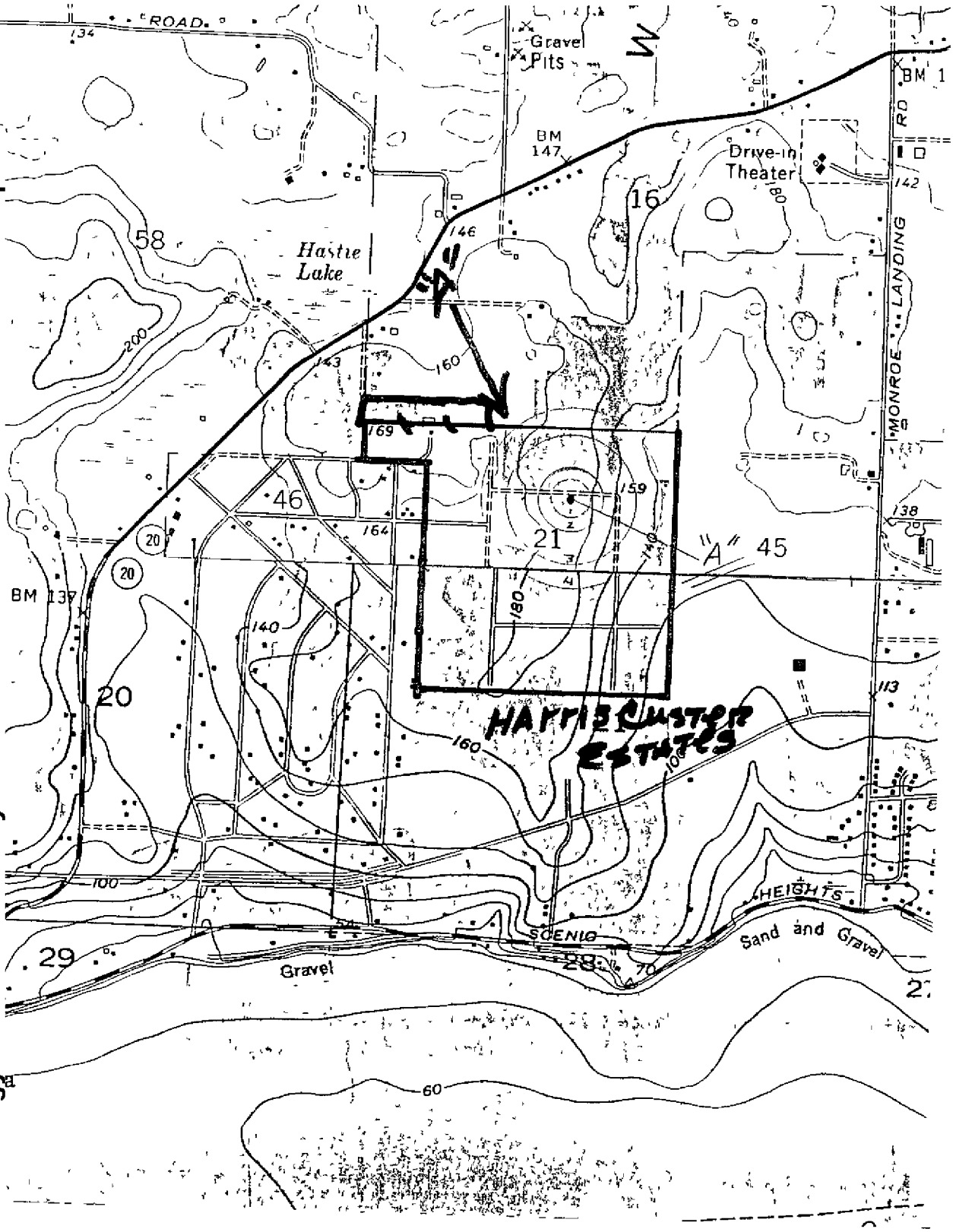

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 879 / 01

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 HARRIS CUSTER ESTATE) Last Name

Street Address 17035-U

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: MEMORY LN (PVT) / OLD TIMER LN

City County

T N R WM 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)*

State Dept of Health

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)

0" CASING HOUSED IN WOODEN/SLOPED ROOF (~4') PAINTED TAN

OJACENT IS THE CONCRETE RES & PUMPHOUSE (GREEN) WOODED

AREA

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

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

UNIQUE WELL I D NUMBER A B R 4 2 0
X Y Z 1 2 3

Well #1

WELL TAGGING FORM

Date of Field Visit 8/6/94 By E. HUNTINGTON

ADDITIONAL WELL IDENTIFIERS

Department of Health System ID Number 17035-U Source Number SO 1

USGS Site Identification UNK

RECORD VERIFICATION

- [x] Well Report available *(please attach)*
- [ ] Well Report not available
- [ ] Verification inconclusive

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

Name HARRIS CUSTER ESTATES WATER ASSOC.

Street address P.O. BOX 643

City Oak Harbor, WA State WASH, 98277

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____

City _____ County _____

T. _____ N R _____ ___ W M Sec _____ _____ ¼ of the _____ ¼

Latitude _____ ° _____ ' _____ "

Longitude _____ ° _____ ' _____ "

- [ ] GPS (raw data)
- [ ] GPS (corrected)
- [ ] Topographic Map
- [ ] Survey
- [ ] Computer generated
- [ ] Other _____

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

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

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

Additional information, if available·

☒ Location marked on topographic map *(please attach)*

☐ Location marked on air photo *(please attach)*

Water Right # G2-23268C Priority Date 12-1-78

Circle one Application Permit (Certificate) Claim Exempt

WELL CHARACTERISTICS

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

Location of Well Identification Tag Wellhead Casing

Was Supplemental Tag needed for ease of identifying well? ?

☒ NO ☐ YES

If yes, where was tag placed? _____

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

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

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

SECTION 21

COMMENTS: _____

Please attach this form to the Well Report and submit it to the Department of Ecology Water Resources Program Headquarters, Well Identification Program, P O Box 47600, Olympia, WA 98504-7600