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

e Original and First Copy with
partment of Ecology
co Copy—Owner's Copy
rd Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No 2-7293

Water Right Permit No #3 OLD WELL

OWNER Name FINDLEY WATER IN IMPSON Address 5705 [illegible]

LOCATION OF WELL County ISLAND NE ¼ NW ¼ Sec [illegible] T [illegible] N R [illegible] WM

STREET ADDRESS OF WELL (or nearest address) [illegible]

PROPOSED USE ☐ Domestic ☐ Irrigation ☐ DeWater Industrial ☐ Test Well ☒ Municipal ☐ Other ☐

TYPE OF WORK Owner's number of well (if more than one) 2

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

DIMENSIONS Diameter of well 6 inches

Drilled 164 feet Depth of completed well 164 ft

CONSTRUCTION DETAILS

Casing installed 12 Diam from 0 ft to 149 ft

Welded ☒ Diam from ft to ft

Inner installed ☐

Threaded ☐ 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 STAINLESS Model No.

Diam 6" Slot size 12 from 149 ft to 154 ft

Diam 6 Slot size 14 from 154 ft to 164 ft

Gravel packed Yes ☐ No ☒ Size of gravel

Gravel placed from ft to ft

Surface seal Yes ☒ No ☐ To what depth? 13 + ft

Material used in seal BENTONITE CLAY

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? Depth of strata

Method of sealing strata off

PUMP Manufacturer's Name

Type HP

WATER LEVELS Land surface elevation above mean sea level 160 + ft

Static level 73 ft below top of well Date MAY 89

Artesian pressure lbs per square inch Date

Artesian water is controlled by (Cap valve etc.)

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 10 ft. drawdown after 4 hrs

Artesian flow 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
GRAVELLY HARD	0	40
FINE SAND	40	42
GRAY CLAY	42	119
WATER SAND - SAND!	119	164

(100 + G.P.M.)

Good well!

Work started MAY 19 Completed MAY 15 19 89

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

Address OAK HARBOR 98277

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

Contractor's Registration No. [illegible] Date MAY 1 19 89

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 027883

C

Water Right Permit No

(1) OWNER Name BAYVIEW WATER DISTRICT H. Simpson Address 5908 WARD LANE, Langley WA

(2) LOCATION OF WELL County ISLAND NE ¼ NW ¼ Sec 18 T 29 N R 3E W M

(2a) STREET ADDDRESS OF WELL (or nearest address) Useless Bay

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

(4) TYPE OF WORK Owner's number of well (if more than one) 2

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

(5) DIMENSIONS Diameter of well 6 inches

Drilled 164 feet Depth of completed well 164 ft

(6) CONSTRUCTION DETAILS

Casing installed 6 Diam from 0 ft to 149 ft

Welded ☒ Diam from ft to ft

Liner installed ☐

Threaded ☐ 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 Stainless Model No

Diam 6" Slot size 12 from 149 ft to 154 ft

Diam 6" Slot size 14 from 154 ft to 164 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 Bentonite 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 HP

(8) WATER LEVELS Land surface elevation above mean sea level 160 + ft

Static level 93 ft below top of well Date May 89

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 10 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
GRAVEL, HARD	0	40
~~GRAY CLAY~~ DRY SAND	40	92
GRAY CLAY	92	119
WATER SAND - Good!	119	164

RECEIVED
MAY 23 1989
DEPARTMENT OF ECOLOGY
NORTHWEST REGION

Work started MAY 19 Completed MAY 12 1989

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 WHID 289 NM Date MAY 19 89

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA911

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

Sec #3

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name BAYVIEW B W DIST 05535 Last Name

Street Address

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 525/USELESS BAY RD

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)*

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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

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

2" CASING STANDING ALONE, EXPOSED AND COVERED BY
PLASTIC BAG ADJACENT TO SRC #2 AND RES, PH PH
S PAINTED GREEN (10'-12') W/SLOPED ROOF
CHAIN-LINK FENCE

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