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. 32/1E/18L

(1) OWNER: Name SHIRONA BOB CRAY Address 4086 400 W. OAK HARBOR

(2) LOCATION OF WELL: County ISLAND NE ¼ SW ¼ Sec 18 T 32 N., R 1E W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) SHIRONA, OAK HARBOR WA 98277

(3) PROPOSED USE: ☐ Domestic ☐ Irrigation ☐ DeWater Industrial ☐ Municipal ☐ Test Well ☒ 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 230 feet. Depth of completed well 230 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from 0 ft. to 220 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 COOK
Type STAINLESS Model No.
Diam. 6 Slot size 12 from 220 ft. to 230 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 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 200- ft.
Static level 181 ft. below top of well Date 5-93
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 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
DRY SAND	0	16
CLAY	16	35
HARD PAN	35	55
SAND	55	142
CLAY	142	162
SAND	162	180
CLAY	180	212
WATER SAND	212	230

RECEIVED JUL 16 1993 ISL. CTY. HEALTH DEPT.
RECEIVED MAY 26 1993 DEPT. OF ECOLOGY

SHIRONA WATER SYSTEM PWS 78373 SRC 02
ISLAND Long. -122.742007 Lat. 48 257974
Well Tag AGA883

Work started MAY, 19 93 Completed MAY 20, 1993

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 WA
(Signed) Ronnie Fabe (WELL DRILLER) License No. 129
Contractor's Registration No. WHIDBWD289MA Date MAY, 19 9

(USE ADDITIONAL SHEETS IF NECESSARY)

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: AGA 883 502

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: SHIRONA W. SYS Last Name:

Street Address: 78373-F

City: State:

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 2317 WELLMAN / NORTHVIEW RD

City: County:

T. N. R. W.M. 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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WELL CHARACTERISTICS

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

6" CASING - INSIDE PUMPHOUSE WITH SEC #1. CINDERBLOCK HOUSE W/SLOPED ROOF (~10-12') ATTACHED TO 1 OF 2 RES'S, AND ALL PAINTED BRIGHT GREEN.

ocation of Well identification Tag:

CASING

as supplemental tag needed for ease of identifying well? ☐ Yes ☒ No

es, 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

OMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

er Right # Date Issued

ie One: Application Permit Certificate Claim Exempt