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

WATER WELL REPORT

State of Washington

IC Site ID: **4RY** Unique Well ID
Start Card:
Water Right:

(1) OWNER: Name: **Lubin Water System** Address:

(2) LOCATION OF WELL: Island: **Whidbey** Township/Range-Section: **34N/02E-32M** Parcel Number: **R23432-154-1260**

(2a) Well Address **4912 N JONES RD (from parcel address)** PWS-ID: **02032X** Source: **1** PWS-Name: **Lubin Water System**

(3) PROPOSED USE:

(4) TYPE OF WORK: Owner's Well Number (if more than one): **1**

Method:

(5) DIMENSIONS: Diameter of Well: inches.

Drilled: feet. Depth of Completed Well: **170** ft.

(6) CONSTRUCTION DETAILS:

Casing Installed: Diam. (in) from to (ft)

Screens: Type Zone Diam Slot from to (ft)

Surface seal:
Material: To depth: ft.

(7) PUMP:
Type: Horsepower:

#Error Land-surface elevation (MSL): **256.7** ft.

AvgWL Elevation: Calc'd Elev: **196** ft.

Earliest Level: ft. below toc Date:
Lastest Level: ft. below toc Date:
Average Level: ft. below toc Average Date:

(9) WELL TESTS:

Type	Yield	Drawdown	After	Date

(10) WELL LOG DESCRIPTION:

Material	From BGS	From MSL	Thick

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Work Completed: TD Elev: **26** ft. MSL

WELL CONSTRUCTOR CERTIFICATION:

Name: **Unknown**
Address:
Contractor's Registration Number:

Remarks:

Max CL:
Max NO3: **1.02**

Generated by the Island County Hydrogeologic Database: **3/13/2007**

Disclaimer: Data presented has been collected from a variety of sources. Island County makes no guarantee as to the validity or accuracy of this data. Please report any errors to the Island County Hydrogeologist

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m

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: **ALT150**

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
- [x] Well Report not available

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WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Lubin Water System

Street Address: 17333 TRAMONTO DR UNIT 4

City: PACIFIC PALIS State: CA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 4912 Jones Rd/R23432-154-1260

City: Oak Harbor County: Island

T. 34N R. 02E W.M. Sec. 32 NW 1/4 of the SW 1/4

FOR AGENCY USE ONLY

Latitude: 48 23.26618

Longitude: 122 35.37695

- [x] GPS
- [ ] Topographic Map
- [ ] Survey
- [ ] Computer generated

Elevation at land surface 257 (feet) / meters (circle one)

- [ ] Digital Altimeter
- [ ] Topographic Map
- [x] Other: Computer Generated from DEM and GPS XY Coordinates

Additional Information, if available:

- [ ] Location marked on topographic map *(please attach)*
- [ ] Location marked on air photo *(please attach)*

Tag placed and well GPS'd by: ISLAND COUNTY PUBLIC HEALTH ALWAYS WORKING FOR SAFER AND HEALTHIER COMMUNITIES

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WELL CHARACTERISTICS

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

Pumphouse Is Just Left of Gate. Wellhead Is Out In Open And In Front of Pumphouse

Location of Well Identification Tag:

Was supplemental tag needed for easy 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

SECTION: 34N/02E-32

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # _____ Date Issued: _____

Circle One: Application Permit Certificate Claim Exempt