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

EXHIBIT #1

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. _____

Water Right Permit No. _____

(1) OWNER: Name Leonard & Lois Baker Address 441 East Main St., Freeland, WA

(2) LOCATION OF WELL: County Island Lot(2)Sunset View Tracts ¼ ¼ Sec. T. N., R. W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) 441 East Main St., Freeland, WA 98249

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 279 feet. Depth of completed well 279 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: _____ " Diam. from 6" ft. to _____ 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 Red Brass Model No. _____
Diam. _____ Slot size 8 II from _____ ft. to _____ 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? 20' ft.
Material used in seal _____
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? water Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Diming
Type: submersible H.P. 3/4 Hrs

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level _____ ft. below top of well Date _____
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? well driller
Yield: 15 gal./min. with 4 ft. drawdown after 2 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
	32'	1½ hrs.			

Date of test _____
Bailer test 15 gal./min. with 4 ft. drawdown after _____ 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
Hard pan		
Blue clay hard silts formation		
Water and sand		
Blue clay		
Hard pan		
Blue clay and hard silts		
Formation	186'	
Water and sand	260	279
Blue clay		

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Work started _____, 19. Completed _____, 19

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 Island Well Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address Rt H1, Freeland, WA 98249

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

Contractor's Registration No. _____ Date _____, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329- 3

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: **APH298**

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

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Name: Sunset View Water System

Street Address:

City: Greeland State: WA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 4697 Rhodie Ln/S8275-00-00013-0

City: Greenbank County: Island

T. 30N R. 02E W.M. Sec. 32 NW 1/4 of the SW 1/4

FOR AGENCY USE ONLY

Latitude: 48 2.427313

Longitude: 122 35.51601

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

Elevation at land surface 278 (feet) / meters (circle one)

- [ ] Digital Altimeter
- [ ] Topographic Map
- [✓] 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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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

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

Pumphouse Is Blue Shed With White Trim On Left Upon Entering Property

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: 30N/02E-32

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # Date Issued:

Circle One: Application Permit Certificate Claim Exempt