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

Seawater Intrusion Rating 'Low' Risk

WATER WELL REPORT

State of Washington

IC Site ID: **3PM** Unique Well ID
Start Card:
Water Right: **097508**

(1) OWNER: Name: **FERTILE HILLS WATER ASSOCIATION** Address **819 Blattman Road Oak Harbor WA, 98277**

(2) LOCATION OF WELL: Island **Whidbey** Township/Range- **32N/01E-21P** Parcel Number: **R13221-010-1970**

(2a) Well **380' NE of SW Corner** PWS- **39919Q** Source: **1** PWS-Name: **Fertile Hills Water Assn**

(3) PROPOSED USE: Domestic

(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: **130** 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:

(8) WATER LEVELS: 1 Land-surface elevation (MSL): ft.
AvgWL Elevation: **5** Calc'd Elev: **102** ft.

Earliest Level:	**97.00**	ft. below toc	Date: **04-Jan-65**
Lastest Level:	**97.00**	ft. below toc	Date: **04-Jan-65**
Average Level:	**97.00**	ft. below toc	Average Date: **04-Jan-65**

(9) WELL TESTS:

Type	Yiel	Drawdow		After		Date
	21	gpm		feet	hours	**01-Jan-01**
Pump	**900**	gpm	**19**	feet	hours	**04-Jan-65**

(10) WELL LOG DESCRIPTION:

Material	From BGS	From MSL	Thick

Work Completed: **16-Jan-52** TD Elev: **-28** ft. MSL

WELL CONSTRUCTOR CERTIFICATION:
Name: **Unknown**
Address
Contractor's
Registration Number:

Remarks: **Note: John Blattman, previous owner. No well log available. Data obtained from PWS file & DOH report. Water right claim for 3600 gal/day.**

Location Source: **DGPS** North: **457798** East: **1546751** Latitd: **48 14.38784** Longit: **122 41.683**
Max CL: **156** Generated by the Island County
Max NO3: **0.3** Hydrogeologic Database: **09-Mar-09**

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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WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: BAA959

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).
If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. **Do not use this form for wells that do not have a Water Well Report.**

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Festile Hills Water Assn Last Name: _____

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 813 Blattman Rd

City: Oak Harbor County: Island

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

Latitude _____ _____ ' _____ _____ "
Longitude _____ _____ ' _____ _____ "

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

SEE BACK SIDE OF PAGE...

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WELL CHARACTERISTICS

Location of Well identification Tag: 6" in well house, left of first house on left.

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 _____

COMMENTS: