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

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Dept of Ecology
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33-1E-26f

WASHINGTON STATE DEPARTMENT OF ECOLOGY

# WATER WELL REPORT
## FOR AN EXISTING WELL

VFW Water System # 90879R
This is well #1 (S01)

**INSTRUCTIONS:**

***Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.***

**YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM.** Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

**CURRENT USE:** ☒ Domestic ☐ Industrial ☐ Municipal ☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other _____

**DIMENSIONS:** Diameter of well 6 inches. Depth of completed well 72 ft. if known.

**CONSTRUCTION DETAILS**
Liner installed ☐ Yes ☐ No ☒ Unknown
Type: ☐ PVC ☐ Steel ☐ Concrete Liner ☐ Other ☐ Unknown

**Perforations** ☐ Yes ☐ No ☒ Unknown
SIZE of perfs ____ in. by ____ in. and no. of perfs ____ from ____ ft to ____ ft.

**Screens:** ☐ Yes ☐ No ☒ Unknown Mf's name _____
Type: ☐ Stainless Steel ☐ PVC ☐ Other
Diam. _____ Slot Size _____ from _____ ft. to _____ ft.

**Gravel/Filter Packed:** ☐ Yes ☐ No ☒ Unknown
Materials paced from _____ ft. to _____ ft.

**Surface Seal:** ☐ Yes ☐ No ☒ Unknown If know, to what depth _____ ft
Materials used if known: _____ ☐ Bentonite ☐ Cement

**PUMP:** ☐ Yes ☐ No Mffr's Name _____
Type: Submersible H.P. _____

**WATER LEVELS:** Land-surface elevation above mean sea level 145 ft.
Static Level _____ ft. below top of casing Date measured _____
Artesian pressure _____ lbs. per square inch Date measured _____
Well head has cap? ☐ Yes ☐ No Shut off valve? ☐ Yes ☐ No

**WELL TESTS:** Drawdown is amount water level is lowered below static level.
Was a pump test made? ☐ Yes ☐ No If yes, attach copy
☒ Unknown
Yield: ____ gal./min. with _____ ft. drawdown after _____ hrs.

Unique Ecology Well ID Tag No. AGA532
Water Right? If yes, attach copy ☐ Yes ☒ No
Property Owner Name Veterans of Foreign Wars
Well Street Address 3037 N. Goldie Road
City Oak Harbor County: Island
Tax Parcel No. R13326-314-2460

LOCATION
An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through yor county assessor's office.
Sec. 26 Twn 33N R 1 EWM WWM (Circle one)

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| M | L | K | J |
| N | P | Q | R |

Well

This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.

Latitude/Longitude Note: Section, Township, Range still REQUIRED
Lat Deg 48 Lat Min/Sect 19.20152
Long Deg 122 Long Min/Sect 38.88293
☒ GPS ☐ Survey
☐ Topographic Map ☐ Computer Generated

**Additional Information, if available:**
☐ Location marked on topographic map (please attach)
☐ Location marked on air photo (please attach)

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.
☐ Driller ☐ Engineer ☐ Property Owner ☒ Other
Name Vin Sherman
Signature Vin Sherman
Driller License No. _____
Date Signed 31 December 2009

~~Drilling Company~~ Island County Health Department
Address of person completing this form:
PO Box 5000
City, State, Zip Coupeville, WA 98239

Original – Ecology

Ecology is an Equal Opportunity Employer.

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WASHINGTON STATE DEPARTMENT OF ECOLOGY

# Well Tagging Form

Unique Well Tag No: AGA532

## RECORD VERIFICATION (check ✓ one)

☐ See Island County Hydrogeology Database report - Attached
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: Veterans of Foreign Wars Last Name: Post 7392 (well 501)
DoH Water System 90879R
Street Address: 3037 N. Goldie Road
City: Oak Harbor State: WA 98277

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Parcel R13326-314-2460, 3037 N. Goldie Road
City: Oak Harbor County: Island
T. 33 N. R. 1 E W.M. Sec. 26 SE ¼ of the NW
Latitude 48 19 . 20152 "
Longitude 122 38.88293 "
Elevation at land surface 145 feet/meters *(circle one)*

SEE BACK SIDE OF PAGE...

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# WELL CHARACTERISTICS

Location of Well identification Tag: Strapped to Well casing (in lean-to. on west side of pump house - south of Club house)

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| M | L | K | J |
| N | P | Q | R |

Well

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION 26

COMMENTS: Well #1 (S01) of a 2-well water system DoH Water system # 90879 R

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Seawater Intrusion Rating 'Low' Risk

# WATER WELL REPORT

## State of Washington

IC Site ID: 4XV
Start Card:
Water Right:

Unique Well ID
AGA532

**(1) OWNER:** Name: VFW Post 7392 Address: 3037 N Goldie Road Oak Harbor WA

**(2) LOCATION OF WELL:** Island: Whidbey Township/Range-Section: 33N/01E-26F Parcel Number: R13326-314-2460

**(2a) Well Address** 3037 N GOLDIE RD (from parcel address) PWS-ID: 90879R Source: 1 PWS-Name: Veterans of Foreign Wars Post 7392

**(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: 72 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:** 0 Land-surface elevation (MSL): ft.

AvgWL Elevation: Calc'd Elev: 145 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 |
|---|---|---|---|

Work Completed: TD Elev: 73 ft. MSL

**WELL CONSTRUCTOR CERTIFICATION:**

Name: Unknown

Address:

Contractor's Registration Number:

Remarks: No well log avaiable, data from PWS files. Well XY adjusted for location on parcel.

Location Source: Parcel R13326-314-2460

North: 486785 East: 1558810

Latitd: 48 19.20152 Longit: 122 38.88293

Max CL: 40

Max NO3: 0

Generated by the Island County Hydrogeologic Database: 23-Dec-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