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

RECEIVED
MAY 12 1989
ISLAND COUNTY HEALTH DEPT

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 014399
Island Co. Permit No. D

(1) OWNER: Name South Whidbey A of G Address 5373 Maxwelton rd (N

(2) LOCATION OF WELL: County Island NW ¼ NW ¼ Sec 10 T 29 N., R 3 W.M

(2a) STREET ADDDRESS OF WELL (or nearest address) 5373 Maxwelton rd.

(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 90 feet. Depth of completed well 88 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from 0 ft. to 78 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 Cont slot Model No.
Diam. 6 Slot size 10 from 83 ft. to 88 ft.
Diam. 6 Slot size 14 from 78 ft. to 83 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 HP

(8) WATER LEVELS: Land-surface elevation above mean sea level ft
Static level 70 ft. below top of well Date 3-20-89
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 gal./min with ft drawdown after hrs
Airtest 10-15 gal./min with stem set at 85 ft for 1 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
Top soil	0	1
Brown clay	1	15
clay + gravel Brown	15	18
Bolder green	18	21
clay + gravel brown	21	43
Coarse to fine sand	43	73
gray fine sand	73	75
fine to medium sand	75	80
fine sand (water bearing)	80	90

RECEIVED
APR 14 1989
DEPARTMENT OF ECOLOGY
NORTHWEST REGION

SOUTH WHIDBEY ASSEMBLY OF GOD PWS 64921 SRC 01
ISLAND Long -122 408043 Lat 48 014115
Well Tag AGA941

Work started 3-16, 19 Completed 3-21, 19 89

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 Anderson Drilling Co (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 7412-204th NE
(Signed) [signature] (WELL DRILLER) License No. 1367
Contractor's Registration No ANDERDC 1320Y Date 3-21, 19 89

(USE ADDITIONAL SHEETS IF NECESSARY)

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 941 S01

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: S. WHID ASSM OF QOD Last Name: _____

Street Address: 64921-m

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: ~~Same~~ ~~3571~~ Same

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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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

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

6" CASING BELOW GROUND INSIDE IN CONCRETE PIPE WITH METAL

LID. IN BACK OF CHURCH PKING LOT

cation of Well identification Tag:

CASING

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

s, 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

MMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # Date Issued

e One: Application Permit Certificate Claim Exempt