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: 7YY  Unique Well ID
Start Card:
Water Right:

**(1) OWNER:** Name: **EAGLE RIDGE COMMUNITY WATER SYSTEM** Address:

**(2) LOCATION OF WELL:** Island: **Whidbey** Township/Range-Section: **29N/02E-06R** Parcel Number: **R22906-029-5240**

**(2a) Well Address** PWS-ID: **05559W** Source: **1** PWS-Name: **Eagle Ridge Community Water System**

**(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: **210** 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): **190.1** ft.

AvgWL Elevation: **-93** Calc'd Elev: **90** ft.

Earliest Level: **182.70** ft. below toc Date: **2/17/1984**
Lastest Level: **182.70** ft. below toc Date: **2/17/1984**
Average Level: **182.70** ft. below toc Average Date: **2/17/1984**

**(9) WELL TESTS:**

| Type | Yield | Drawdown | After | Date |
|---|---|---|---|---|
| | 25 gpm | feet | hours | 2/17/1984 |

**(10) WELL LOG DESCRIPTION:**

| Material | From BGS | From MSL | Thick |
|---|---|---|---|

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DEPT. OF ECOLOGY

Work Completed: TD Elev: **-120** ft. MSL

**WELL CONSTRUCTOR CERTIFICATION:**

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

Remarks: **Note: System also known as Eldridge.**

Max CL: **63**
Max NO3: **0.25**

Generated by the Island County Hydrogeologic Database: **2/22/2007**

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

05559 S01
mj

WASHINGTON STATE DEPARTMENT OF ECOLOGY

# Well Tagging Form

***Unique Well Tag No:*** **AGA607**

## 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: Eagle Ridge Community Water System

Street Address:

City: FREELAND State: WA

## WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 5176 Smugglers Cove

City: County: Island

T. 29N R. 02E W.M. Sec. 06 SE 1/4 of the SE 1/4

## FOR AGENCY USE ONLY

Latitude: 48 1.33631

Longitude: 122 35.62501

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

Elevation at land surface 190 (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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## FOR AGENCY USE ONLY

## WELL CHARACTERISTICS

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

Hard To Find--Under Green Lid Flush With Ground Near Front Porch. Right House At Top of Driveway.

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: 29N/02E-06

COMMENTS: _____

## FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # _____ Date Issued: _____

Circle One: Application Permit Certificate Claim Exempt