File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT 33/02E-7L

STATE OF WASHINGTON

Application No. .....
Permit No. GI-22195P

(1) OWNER: Name Fakerubeard + (R.D. CRAY) Address 4086 400 AVE. W. Oak Harbor, Wa.

(2) LOCATION OF WELL: County Island — NE ¼ SW ¼ Sec. 7 T. 32 N., R. 2E W.M.

Bearing and distance from section or subdivision corner 56°29'21"E, 467 ft & N89°30'39"E, 192 ft. from NW Cor. G.L. 2

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

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

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 115 ft. Depth of completed well 115 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 110 ft.
Threaded ☐ " Diam. from ft. to ft.
Welded ☒ " 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. 6 Slot size 25 from 110 ft. to 115 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? 18 + ft.
Material used in seal CEMENT
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: ..... H.P. .....

(8) WATER LEVELS: Land-surface elevation above mean sea level .... ft.
Static level 81' 6" ft. below top of well Date MAY 75
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 30 gal./min. with ..... ft. drawdown after 2 hrs.
Artesian flow ..... g.p.m. Date .....
Temperature of water ..... Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

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 formation.*

MATERIAL	FROM	TO
SAND with CLAY	0	41
SANDY CLAY	41	67
GRAVEL	67	97
WATER GRAVEL	97	115
CLAY	115	

Work started MAY 1, 19 75 Completed MAY 10, 19 75

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIDBEY WELL DRILLERS (Person, firm, or corporation) (Type or print)

Address OAK HARBOR WN

[Signed] [signature] (Well Driller)

License No. 0129 Date MAY, 19 75

(USE ADDITIONAL SHEETS IF NECESSARY)

S. F. No. 7356—OS—(Rev. 4-71).

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

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Well Tagging Form NW

Unique Well Tag No: AGA 588 / 501

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: FIRCREST COMM WATER SYS 24529-4 Last Name:

Street Address:

City: State:

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address:

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)*

State Dept of Health

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

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WELL CHARACTERISTICS

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

6" CASING. HOUSED IN A ROUND CEMENT STRUCTURE WITH CEMENT COVER. PUMP HOUSE SITS TO SOUTH AND PAINTED BROWN. WATER STORAGE TANK IS SOUTH WEST OF HEAD

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

r Right # Date Issued

e One: Application Permit Certificate Claim Exempt