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

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 [redacted]

Water Right Permit No 32/1E/35G

(1) OWNER Name LONG PT WATER CO Address 494 W. PARKER Rd. Coup. 98239

(2) LOCATION OF WELL County ISLAND SW ¼ NE ¼ Sec 35 T 32 N R 1E WM

(2a) STREET ADDDRESS OF WELL (or nearest address) W. PARKER Rd Coupeville WA 98239

(3) PROPOSED USE [X] Domestic [ ] Irrigation [ ] DeWater Industrial [ ] Test Well Municipal [ ] Other [ ]

(4) TYPE OF WORK Owner's number of well (if more than one) 3 Replaces #1

Abandoned [ ] New well [ ] Deepened [ ] Reconditioned [ ] Method Dug [ ] Cable [X] Rotary [ ] Bored [ ] Driven [ ] Jetted [ ]

OCT 03 1991 DEPT OF ECOLOGY

(5) DIMENSIONS Diameter of well 6 inches
Drilled 203 feet Depth of completed well 203 ft

(6) CONSTRUCTION DETAILS

Casing installed 6 Diam from 0 ft to 193½ ft
Welded [X] Diam from ft to ft
Liner installed [ ]
Threaded [ ] Diam from ft to ft

Perforations Yes [ ] No [X]
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 [X] No [ ]
Manufacturer's Name COOK
Type STAINLESS Model No
Diam 6 Slot size 12 from 193 ft to 198 ft
Diam 6 Slot size 12 from 198 ft to 203 ft

Gravel packed Yes [ ] No [X] Size of gravel
Gravel placed from ft to ft

Surface seal Yes [X] No [ ] To what depth? 18 ft
Material used in seal BENTONITE
Did any strata contain unusable water? Yes [ ] No [X]
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 120 ft
Static level 10/1 ft below top of well Date Oct 91
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 [X] 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 20 gal/min with 10 ft drawdown after 4 hrs
Airtest gal/min with stem set at ft for hrs
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes [ ] No [X]

(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
HARD SAND GRAVEL	0	43
CLAY	43	47
DIRTY GRAVEL	47	68
CLAY	68	160
SOUPY SAND	160	172
CLAY	172	192
WATER SAND	192	204
CLAY	204	
ISLAND COUNTY WELL SITE APPROVED.		

Work started Sept 19 91 Completed Oct 19 91

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 WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WA

(Signed) [signature] (WELL DRILLER) License No 129

Contractor's Registration No WH1289MM Date Oct 19 91

(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: AGA674

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

SEC #3

480500

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name LONG PT. W. CO INC Last Name

Street Address

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address BETWEEN 283/537 PARKER Rd

City County

T N R WM 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

ıysical Description of well (size of casing type of well housing etc.)

6" CASING IN SQUARE CONC TILE W/CONC LID (~2 S)³

FOLLOW GRAVEL RD PAST RES TO CABLE – PARK &

,O DOWN HILL

cation of Well identification Tag

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

is where was tag placed? _____

D	C	B	A
	F	G	H
1	L	K	J
	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 _____

IMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____ Date Issued _____

One Application Permit Certificate Claim Exempt

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