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

Application No. 32/01-18L
Permit No. G1-23315

SHIRONA

(1) OWNER: Name Wildwood Water Works, Inc. Address 4086 400 Ave. W Oak Harbor Wa 98277

(2) LOCATION OF WELL: County Island S1/2 - NE ¼ SW ¼ Sec. 18 T. 32 N., R. 1E W.M.
Bearing and distance from section or subdivision corner NW corner S1/2 105' South 285' East (#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 227 ft. Depth of completed well 227 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 217 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 Johnson
Type WIRE, STAINLESS Model No. ____
Diam. 6" Slot size 14 from 217 ft. to 222 ft.
Diam. 6" Slot size 12 from 222 ft. to 227 ft.

Gravel packed: Yes ☐ No ☑ Size of gravel: ____
Gravel placed from ____ ft. to ____ ft.

Surface seal: Yes ☑ No ☐ To what depth? 20+ 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: Sub H.P. ____

(8) WATER LEVELS: Land-surface elevation above mean sea level 200 ft.
Static level 176 ft. below top of well Date Feb 79
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? Bob's Pumps
Yield: 40 gal./min. with 17.75 ft. drawdown after 4 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
Full Recovery		1 min			

Date of test March 1, 1979
Bailer test ____ gal./min. with ____ ft. drawdown after ____ 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
DRY SAND	0	19
SANDY CLAY	19	50
SANDY	50	65
HARD SAND - DRY	65	134
WATER SAND SL 128'	134	143
CLAY	143	151
SANDY CLAY	151	171
DRY BROWN SAND	171	174
WATER SAND (FINE)	174	182
CLAY	182	198
SANDY CLAY	198	209
WATER SAND	209	227

Work started FEB 1, 1979 Completed FEB 20, 1979

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 DRILLERS (Person, firm, or corporation) (Type or print)

Address OAK HARBOR

[Signed] Dennis Faber (Well Driller)

License No. 129 Date Feb, 1979

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20

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

Unique Well Tag No: AGA #882 501

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 SHIRONA W SYS 78373F Last Name

Street Address ~~2317~~

City State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 2317 WELLMAN / NORTHVIEW 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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WELL CHARACTERISTICS

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

6" CASING - INSIDE PUMPHOUSE WITH SRC # 2 CINDER BLOCK HOUSE W/SLOPED ROOF (~10'-12') AND ATTACHED TO 1 OF 2 RES'S ALL PAINTED BRIGHT GREEN

ocation or Well identification Tag

CASING

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

es, 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

OMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

er Right # Date Issued

'le One Application Permit Certificate Claim Exempt