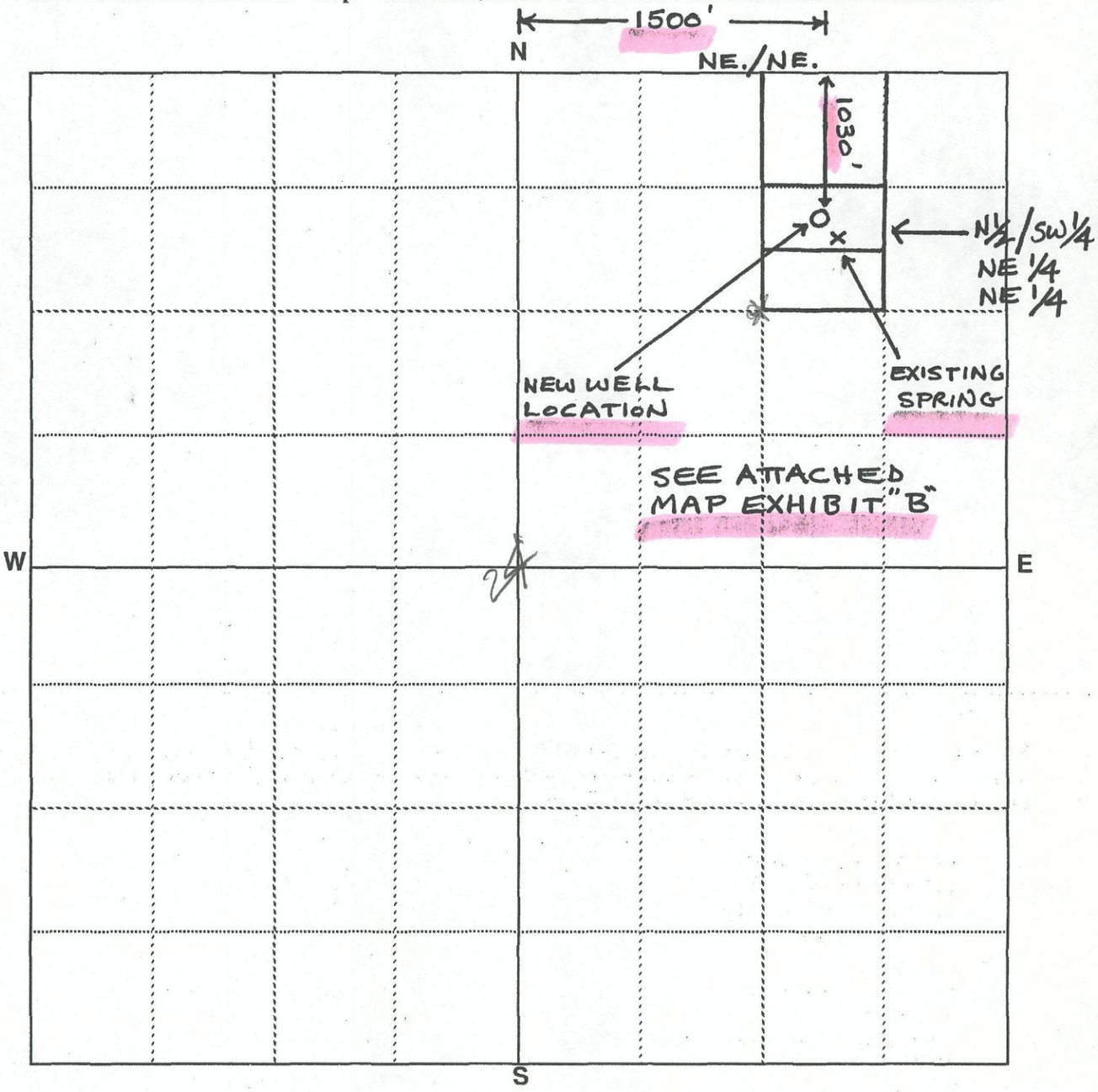
SECTION MAP

Sec. 24 Twp. 24 N. R. 17 E.W.M.



Scale: 1 inch = 800 feet (each small square = 10 acres)

Show by a cross (X) the location of point of diversion (surface water source) or point of withdrawal (ground water source). For ground water applications, show by a circle (O) the locations of other wells or works within a quarter of a mile.

Indicate traveling directions from nearest town in space below.

FROM HIGHWAY #2 AND HIGHWAY #97 INTERSECTION GO WEST TOWARD LEAVENWORTH 4.1 MILES TO EAST LEAVENWORTH ROAD. TURN LEFT, GO 1.9 MILES TO DEMPSEY ROAD. TURN LEFT FOLLOW EXHIBIT "C" MAP 1.5 MILES TO WELL SITE.

Detach here

Fold along scale

FEET 0 400 800 1,200 1,600 2,000 2,400 2,800 3,200 3,600 4,000 4,400 4,800 5,200

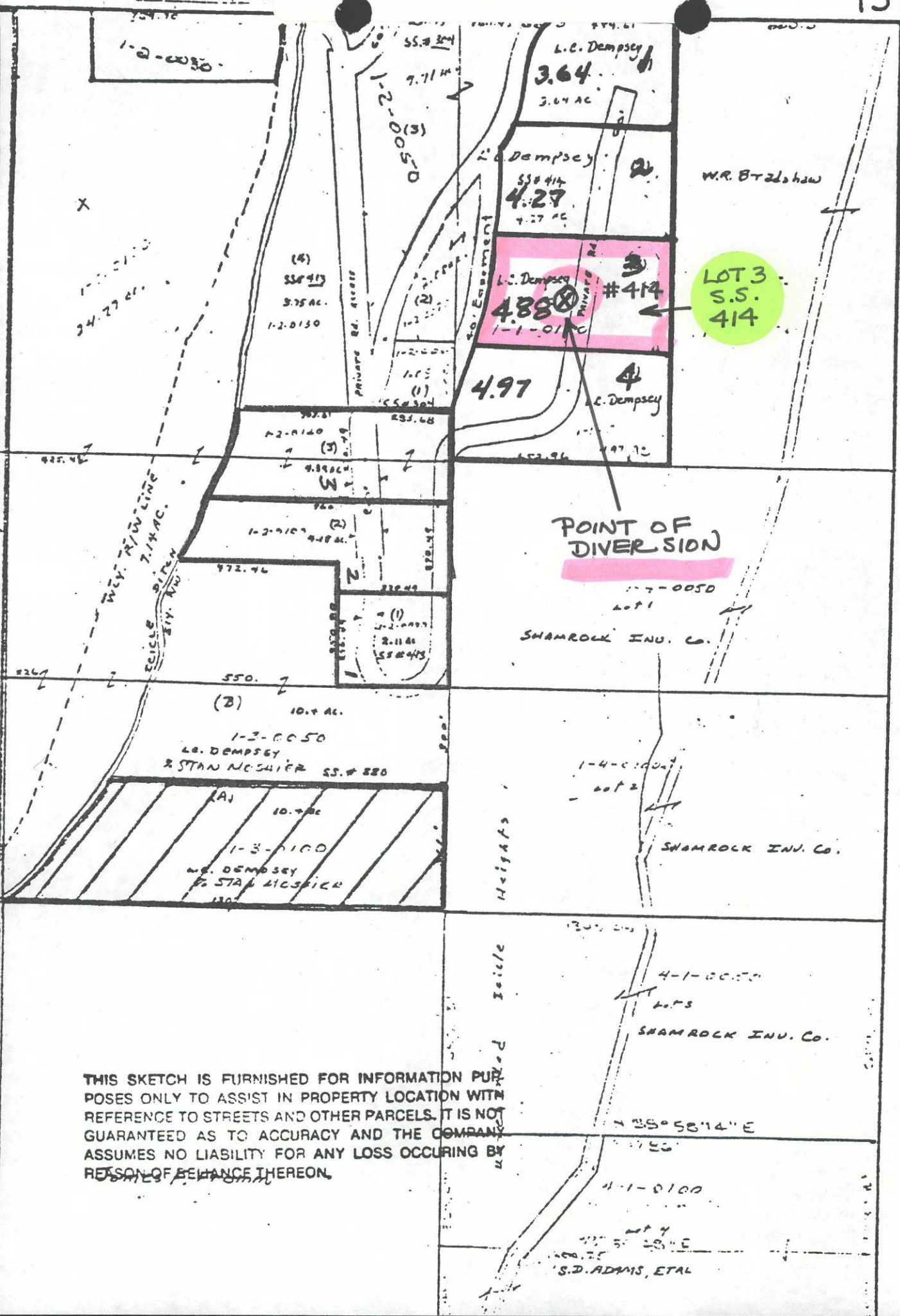
Detach this scale at the performation, fold excess paper under or cut off excess by cutting along the scale line. This scale corresponds to the SECTION MAP above. You can read feet directly from this scale to outline property and locate points of diversion or withdrawal on the SECTION MAP. Enclose this map along with the application and $10.00 examination fee.

nge 17 Sch

EXHIBIT "A"

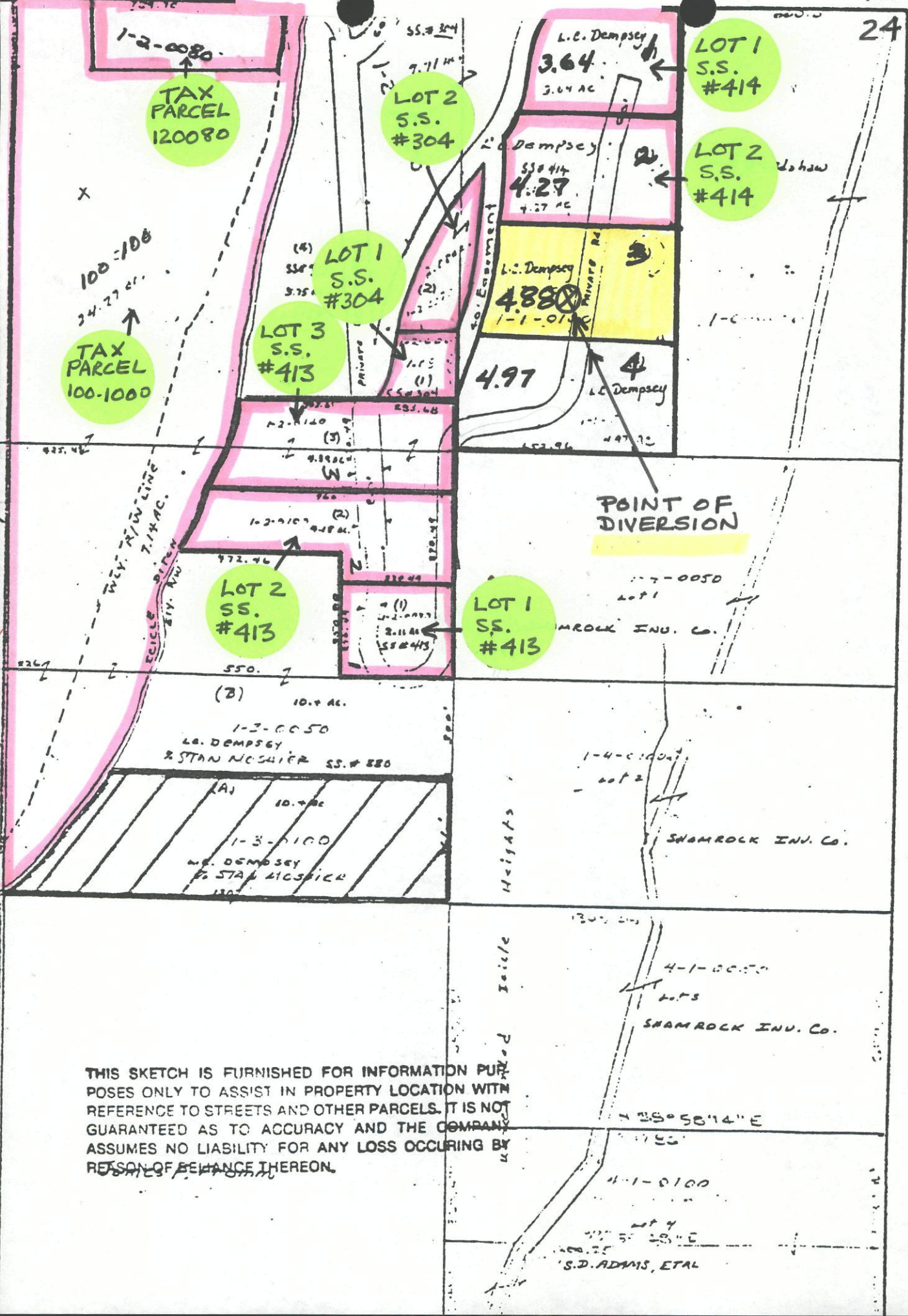
13 18

19



THIS SKETCH IS FURNISHED FOR INFORMATION PURPOSES ONLY TO ASSIST IN PROPERTY LOCATION WITH REFERENCE TO STREETS AND OTHER PARCELS. IT IS NOT GUARANTEED AS TO ACCURACY AND THE COMPANY ASSUMES NO LIABILITY FOR ANY LOSS OCCURING BY REASON OF RELIANCE THEREON.

T24N R18E



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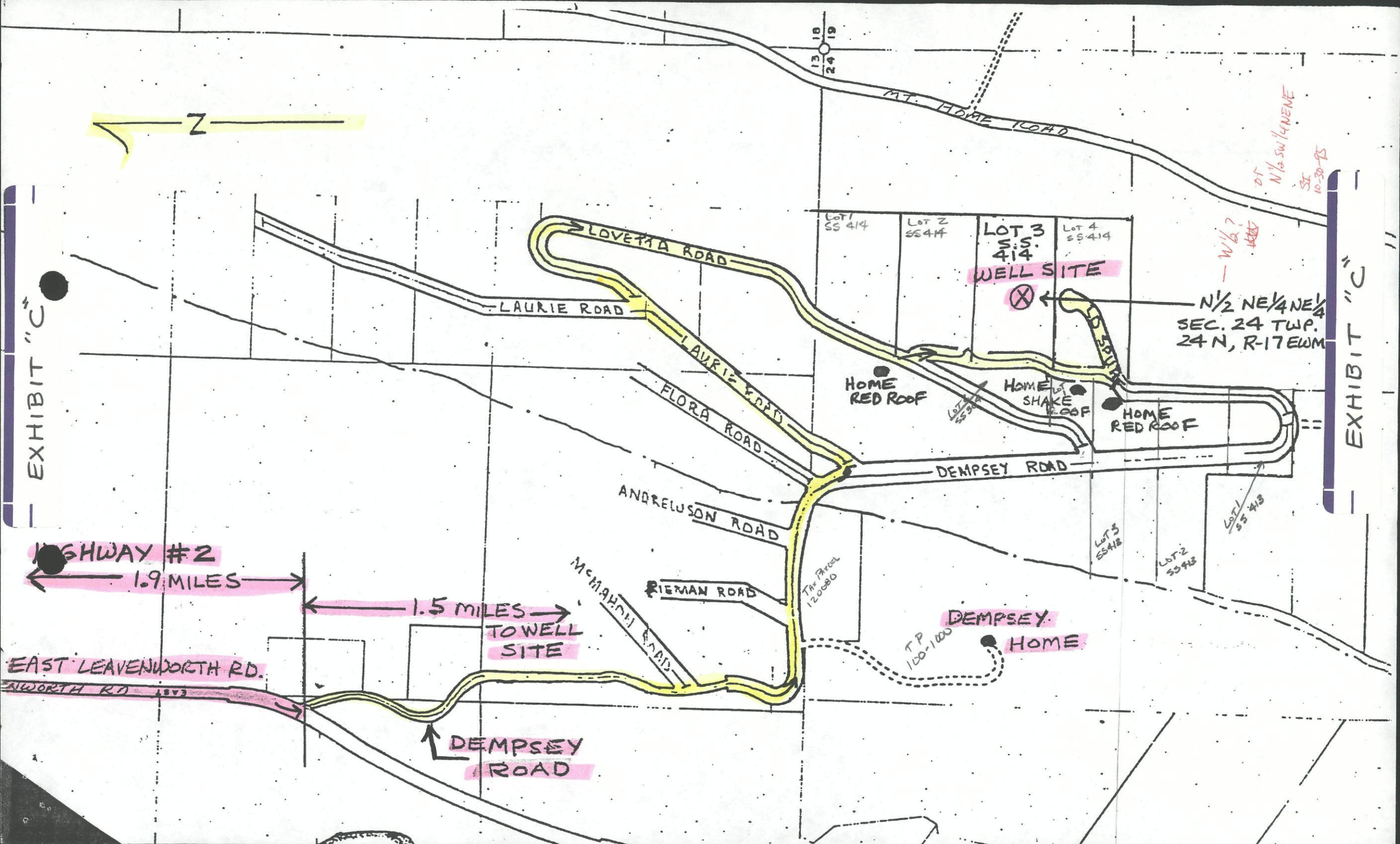
EXHIBIT "C"
EXHIBIT "C"
N
MT. HOME ROAD
LOVETTA ROAD
LAURIE ROAD
LAURIE ROAD
FLORA ROAD
ANDRELUSON ROAD
RIEMAN ROAD
McMAHON ROAD
DEMPSEY ROAD
LOT 1 SS 414
LOT 2 SS 414
LOT 3 S.S. 414
LOT 4 SS 414
WELL SITE
N1/2 NE1/4 NE1/4 SEC. 24 TWP. 24 N, R-17 EWM
HOME RED ROOF
HOME SHAKE ROOF
HOME RED ROOF
DEMPSEY HOME
TP 100-1100
TAX PARCEL 120080
LOT 3 SS 413
LOT 2 SS 413
LOT 1 SS 413
HIGHWAY #2
1.9 MILES
1.5 MILES TO WELL SITE
EAST LEAVENWORTH RD.
DEMPSEY ROAD

Tumwater Drilling, Inc.

PUMP TEST DATA SHEET

OWNER LARRY DEMPSEY DATE 10-7-93 Page 1 of 3

ADDRESS PO BOX 92 LEAVENWORTH, WA 98826 WELL LOCATION 8122 Dempsey Rd.

PROPOSED USE DOMESTIC OPERATOR CHUCK OGLE

ARRIVAL TIME 2:15 AM (PM) DEPARTURE TIME 7:55 AM (PM)

MEASURING POINT IS TOP OF CASING which is 1 1/2 FT (above) below surface.

STATIC WATER LEVEL 65 feet below land at AM (PM) 3:00

DEPTH OF WELL 239 feet. CASING INSTALLED +1 1/2' to 98 1/2

DIAMETER OF WELL 6 inches. - 94 to 239 4 1/2" PVC

DISCHARGE RATE OF PUMPED WELL 60 gallons per minute.

Clock Time	Elapsed time since pumping (started)/stopped (minutes)	Depth to water, below land surface (feet)	(Drawdown) or Recovery (feet)	Pumping rate (GPM)	REMARKS:
3:00	0	65	0	35	CLOUDY
3:05	5	90	25	50	CLOUDY
3:10	10	105	40	60	MURKY
3:15	15	120	55	60	CLEAR
3:20	20	140	75	60	CLEAR
3:25	25	165	100	60	CLEAR
3:30	30	178	113	60	CLEAR
3:35	35	180	115	60	CLEAR
3:40	40	180	115	60	CLEAR
3:45	45	180	115	60	CLEAR
3:50	50	180	115	60	CLEAR
3:55	55	180	115	60	CLEAR

Clock Time	Elapsed time since pumping started/stopped (minutes)	Depth to water, below land surface (feet)	Drawdown or Recovery (feet)	Pumping rate (GPM)	REMARKS:
4:00	60	180'	115	60	CLEAR
4:10	70	180	115	60	CLEAR
4:20	80	180	115	60	CLEAR
4:30	90	180	115	60	CLEAR
4:40	100	180	115	60	CLEAR
4:50	110	180	115	60	CLEAR
5:00	120	180	115	60	CLEAR
5:30	150	180	115	60	CLEAR
6:00	180	180	115	60	CLEAR
6:30	210	180	115	60	CLEAR
7:00	240	180	115	60	CLEAR
7:30	270	180	115	60	CLEAR
7:35	275	180	115	60	STOPPED PUMPING

Clock Time	Elapsed time since pumping started/stopped (minutes)	Depth to water, below land surface (feet)	Drawdown or Recovery (feet)	Pumping rate (GPM)	REMARKS: RECOVERY
7:37	2	150	30	~~0~~	
7:40	5	123	57		
7:42	7	98	82		
7:45	10	72	108		LEFT SITE

316 WASHINGTON STREET
WENATCHEE, WA 98801
(509) 664-5306

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY

If Instructions are not followed, sample will be rejected.

DATE COLLECTED (MONTH / DAY / YEAR)	TIME COLLECTED	COUNTY NAME
10 / 12 / 93	8 : 05 ☐ AM ☐ PM	CHELAN

TYPE OF SYSTEM: ☐ PUBLIC ☑ INDIVIDUAL (serves only 1 residence)

IF PUBLIC SYSTEM, COMPLETE: I.D. No. ☐☐☐☐☐☐ CIRCLE GROUP A B

NAME OF SYSTEM: LARRY DEMPSEY

SPECIFIC LOCATION WHERE SAMPLE COLLECTED: 8122 Dempsey Rd. Leavenworth, WA 98826 Well Head Post Bldg #9

TELEPHONE NO. DAY ( ) EVENING ( )

SAMPLE COLLECTED BY: (Name) TUMWATER DRILLING

SYSTEM OWNER/MGR.: (Name)

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE
☐ SURFACE ☑ WELL or WELL FIELD ☐ SPRING ☐ PURCHASED or INTERTIE ☐ COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
TUMWATER DRILLING INC
PO BOX 777
LEAVENWORTH WASHINGTON 98826

TYPE OF SAMPLE (check only one in this column)

☐ ROUTINE DRINKING WATER check treatment → ☐ Chlorinated (Residual: ___ Total ___ Free) ☐ Filtered ☑ Untreated or Other ___

☐ REPEAT SAMPLE Previous coliform presence Lab # ___ Date ___/___/___

☐ RAW SOURCE WATER Source # S ☐☐ ☐ Total Coliform ☐ Fecal Coliform

☑ NEW CONSTRUCTION or REPAIRS

☐ OTHER (Specify) ___

REMARKS: Chlor.

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, Coliforms present

REPEAT SAMPLES REQUIRED: ☐ E. Coli present ☐ E. Coli absent ☐ Fecal present ☐ Fecal absent

☒ SATISFACTORY, Coliforms absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___ /100 ml E. COLI ___ /100 ml

FECAL COLIFORM ___ /100 ml PLATE COUNT ___ CFU/ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
- ☐ Sample too old
- ☐ Wrong container
- ☐ Incomplete form
- ☐ ___

TEST UNSUITABLE BECAUSE:
- ☐ Confluent growth
- ☐ TNTC
- ☐ Turbid culture
- ☐ Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY
[illegible]		

DATE REPORTED 10/13 16

WATER SUPPLIER COPY

#8 Well

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. W 22034

Water Right Permit No. _____

(1) OWNER: Name LARRY DEMPSEY Address PO BOX 9 LEAVENWORTH WA 98826

(2) LOCATION OF WELL: County CHELAN SE ¼ SE ¼ Sec 13 T 24 N., R 17 W.M.

(2a) STREET ADDDRESS OF WELL (or nearest address) 8122 DEMPSEY RD LEAVENWORTH, WA 98826

(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) 8

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

(5) DIMENSIONS: Diameter of well 6/5½ inches.
Drilled 239 feet. Depth of completed well 239 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from +1½ ft. to 98½ ft.
Welded [X] 4" Diam. from -94 ft. to 239 ft.
Liner installed [X]
Threaded [ ] " Diam. from ft. to ft.

Perforations: Yes [X] No [ ]
Type of perforator used SKIL SAW
SIZE of perforations 1/8 in. by 7 in.
26 perforations from 139 ft. to 159 ft.
58 perforations from 199 ft. to 239 ft.
perforations from ft. to ft.

Screens: Yes [ ] No [X]
Manufacturer's Name
Type Model No.
Diam. Slot size from ft. to ft.
Diam. Slot size from ft. to 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: H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ft.
Static level 63 ft. below top of well Date 9-3-93
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 gal./min. with ft. drawdown after hrs.
Airtest 31 gal./min. with stem set at 238 ft. for 1 hrs.
Artesian flow g.p.m. Date 9-3-93
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
GREYISH/BROWN CLAY, BOULDERS + GRAVEL	0	38
17. BROWN GUMBO CLAY	38	49
BROWN SANDY CLAY, GRAVEL WB	49	63
GREY SILTY CLAY GRAVEL + BIG COBBLES	63	90
SHALES GRAPHITE + BROKEN GRAVEL WB @ 201	90	239
* TUBE X (5% DRILL HOLE)		

Work started 9-2, 19. Completed 9-3, 1993

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 TUMWATER DRILLING INC. (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address LEAVENWORTH WA
(Signed) [signature] (WELL DRILLER) License No. 1219
Contractor's Registration No. TUMWDI 932LC Date 9-9, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20 (10/87) -1329- 18

Please Print Plainly

#8 well

State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 NE 150th Street, Seattle, WA 98155-9701 Tel. (206) 361-2838

ST

WATER SAMPLE INFORMATION FOR INORGANIC CHEMICAL ANALYSIS

DO NOT WRITE IN SHADED AREAS. PLEASE FILL BOXES NUMBERED 1 THRU 14. SEE BACK FOR INSTRUCTIONS

LABORATORY NUMBER: 514729

DATE RECEIVED: 10-8-93

1. DATE COLLECTED: 10-7-93

2. SYSTEM NAME: LARRY DEMPSEY

3. SYSTEM ID #:

4. CIRCLE GROUP: A (B) Pending

5. COUNTY: CHELAN

6. SOURCE TYPE: ☐ SURFACE ☑ WELL ☐ SPRING ☐ PURCHASE

7. SAMPLE TAKEN: ☑ BEFORE TREATMENT ☐ AFTER TREATMENT

8. SOURCE NO.:

9. SOURCE NAME:

10. COLLECTED BY: TUMWATER DRILLING INC
TELEPHONE: (509) 548 5361

11. IF TAKEN AFTER TREATMENT, CHECK TREATMENT:
☐ FLUORIDATION
☐ CHLORINATION
☐ FILTRATION
☐ WATER SOFTENER, TYPE:
☐ OTHER:

12. IF TAKEN FROM DISTRIBUTION, INDICATE ADDRESS:
8122 Dempsey Rd.
Leavenworth WA 98826
WELLHEAD / TEST PUMP

13. PARTY TO PAY FOR TESTING:
SIGNATURE: ST Ballou Pres.
NAME: TUMWATER DRILLING INC.
ADDRESS: PO BOX 777
LEAVENWORTH WA
98826
TELEPHONE: (509) 548-5361

14. REMARKS: (water quality problems, address for extra copies, etc.)
COMPLETE INORGANIC
LARRY DEMPSEY
PO BOX 92
Leavenworth, WA
98826

LABORATORY REPORT
(DO NOT WRITE INSIDE THIS BOX)

TESTS		MCL[1]	LESS THAN <	RESULTS	UNITS	COMPLIANCE YES	COMPLIANCE NO	CHEMIST INITIALS
Antimony	Sb	0.006	<	.0020	mg/l	✓		PO/CRW
Arsenic[P]	As	0.05	<	0.010	mg/l	✓		JDM
Barium[P]	Ba	2.0	<	0.10	mg/l	✓		PO/CRW
Beryllium	Be	0.004	<	.0030	mg/l	✓		PO/CRW
Cadmium[P]	Cd	0.005	<	.0020	mg/l	✓		JDM
Chromium[P]	Cr	0.1	<	0.010	mg/l	✓		PO/CRW
Copper	Cu	1.0[2]	<	0.2	mg/l	✓		PO/CRW
Iron	Fe	0.3		0.30	mg/l	✓		PO/CRW
Lead[P]	Pb	0.05[2]	<	0.002	mg/l	✓		JDM
Manganese	Mn	0.05		0.068	mg/l		✓	PO/CRW
Mercury[P]	Hg	0.002	<	.0005	mg/l	✓		JDM
Nickel	Ni	0.1	<	0.020	mg/l	✓		PO/CRW
Selenium[P]	Se	0.05	<	0.005	mg/l	✓		JDM
Silver	Ag	0.1	<	0.010	mg/l	✓		PO/CRW
Sodium[P]	Na			30	mg/l			PO/CRW
Thallium	Tl	0.002	<	.0010	mg/l	✓		PO
Zinc	Zn	5.0	<	0.2	mg/l	✓		PO/CRW
Hardness				125	mg/l as $CaCO_3$			PO/CRW
Conductivity		700		340	µmhos/cm 25° C	✓		ST
Turbidity[P]		1.0		3.0	NTU		✓	ST
Color		15.0		5.0	Color Units	✓		ST
Chloride	Cl	250	<	5	mg/l	✓		KK
Cyanide	CN	0.2	<	0.01	mg/l	✓		JDM
Fluoride	F	2.0	<	0.2	mg/l	✓		ST
Nitrate[P]	as N	10.0	<	0.2	mg/l	✓		KK
Nitrite	as N	1.0	<	0.05	mg/l	✓		KK
Sulfate	SO_4	250			mg/l			
TDS		500			mg/l			

LABORATORY COMMENTS:
CN Tested at Laucks, work order #93-10-279

✓CRW

CHARGE:	LABORATORY SUPERVISOR:	DATE OF REPORT:
$295.00	PO-90	11-3-93

1 - MCL: Maximum Contamination Level; 2 - This is the State MCL, Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper; P - Primary Standard; TDS - Total Dissolved Solids

DOH 307-001 (3/93) Frame

WHITE—Laboratory Copy PINK—Billing and Water Supplier Copy YELLOW—District Engineer and Data Processing Copy CANARY—Local Health Department Copy

TOC

THIS NOTIFICATION NUMBER MUST BE PROVIDED TO YOUR WELL DRILLER: W 22034

WELL SIZE: 1. NEW WELL LESS THAN 12" IN DIAMETER - Amount of payment $100.00
2. NEW WELL 12" IN DIAMETER, OR MORE - Amount of payment $200.00

AMOUNT ENCLOSED $ 100.-

Agency Validation

CJ: _____

Date: _____

SUBMITTED BY (return address) ↓

NAME TUMWATER DRILLING INC.

MAILING ADDRESS PO BOX 777

CITY LEAVENWORTH STATE WA ZIP 98826

ECY 040-21 (7/93)

Continued on back →

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

CERTIFICATE OF WATER RIGHT

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☑ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
January 24, 1974	S3-22417	S3-22417P	S3-22417C

NAME
LARRY C. DEMPSEY

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
P. O. Box 92	Leavenworth	Washington	98826

This is to certify that the herein named applicant has made proof to the satisfaction of the Department of Ecology of a right to the use of the public waters of the State of Washington as herein defined, and under and specifically subject to the provisions contained in the Permit issued by the Department of Ecology, and that said right to the use of said waters has been perfected in accordance with the laws of the State of Washington, and is hereby confirmed by the Department of Ecology and entered of record as shown.

PUBLIC WATER TO BE APPROPRIATED

SOURCE
Unnamed spring

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE-FEET PER YEAR
0.007		3.6

QUANTITY, TYPE OF USE, PERIOD OF USE
To be used continuously for a group domestic supply for four homes.

1050'

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION--WITHDRAWAL
1500 feet east and 1050 feet south of the north quarter corner of Sec. 24.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
NE¼NE¼	24	24	17 E.	45	Chelan

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

W½ of NE of Sec. 24, T. 24 N., R. 17 E.W.M., Chelan County.

RECEIVED
JAN 1981

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROOF OF APPROPRIATION OF WATER

APPLICATION NUMBER: S3 - 22417

PERMIT NUMBER: A3-22417P

NAME OF PERMITTEE: Larry C. Dempsey

POST OFFICE ADDRESS: Leavenworth (CITY) Washington (STATE) 98826 (ZIP CODE)

ACTUAL SOURCE OF APPROPRIATION: Spring water

PURPOSE OR PURPOSES WATER IS USED FOR: Domestic - Yard - garden and landscaping

DATE WATER WAS COMPLETELY APPLIED TO PERMITTED USE: June 1979

IF USED FOR IRRIGATION, NUMBER OF ACRES ACTUALLY IRRIGATED:

IF SOURCE IS A WELL, IS AN ACCESS PORT NOW INSTALLED: ☐ YES ☐ NO

MONTHS DURING WHICH WATER IS USED: all months - continually

PUMP SIZE:

ACTUAL AMOUNT WITHDRAWN OR DIVERTED FROM PERMANENT SYSTEM: 3 gallons per min gravity Flow ☒ GPM ☐ CFS

HAVE ALL PROVISIONS AS REQUIRED BY PERMIT BEEN ACCOMPLISHED: ☒ YES ☐ NO

IF NO, EXPLAIN:

Yes - to the best of my knowledge and instructions

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS USED (USE ADDITIONAL SHEET IF NECESSARY)

W½ of NE¼ of NE¼ of Sec 24 Twp 24 NR 17 EWM

W½ of NE¼ of Sec 24 Twp 24 Twp 24 NR 17 EWM

OK for cert.
per attached draft

STATE OF WASHINGTON,
County of Chelan } ss.

I, Larry C. Dempsey, being first duly sworn, depose and say that I have read the above and foregoing proof of appropriation; that I know the contents thereof; and that the facts therein stated are true.

IN WITNESS WHEREOF, I have hereunto set my hand this 20th day of Jan, 1981

Larry C. Dempsey
Permittee Signature

Subscribed and sworn to before me this 20th day of January, 1981

Sanny J. Miller
Notary Public

ECY 040-1-26

P/A