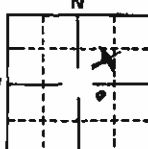


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENN State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Floyd & Dot Bolt</u> Address <u>Route 1 Box 92A Athol, ID.</u> Owner's Permit No. <u>96-85-N-75</u> <u>83801</u>	7. WATER LEVEL Static water level <u>490</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of, Quality _____ Describe artesian or temperature zones below.																																																																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td><u>Est. 5-6</u></td><td></td><td></td></tr><tr><td><u>G.P.M.</u></td><td></td><td></td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>Est. 5-6</u>			<u>G.P.M.</u>																																																																											
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8"</td><td>0</td><td>5</td><td>Top Soil with Clay & Gravel</td><td></td><td>X</td></tr><tr><td>"</td><td>5</td><td>110</td><td>Sand & Gravel with Boulders</td><td></td><td>X</td></tr><tr><td>8"</td><td>110</td><td>146</td><td>Decomposed Granite (Rotten)</td><td></td><td>X</td></tr><tr><td>8"</td><td>146</td><td>185</td><td>Granite Med</td><td></td><td>X</td></tr><tr><td>"</td><td>185</td><td>242</td><td>Decomposed Granite</td><td></td><td>X</td></tr><tr><td>"</td><td>242</td><td>265</td><td>Clay (water won't separate from clay)</td><td></td><td>X</td></tr><tr><td>"</td><td>265</td><td>276</td><td>Decomposed Granite</td><td></td><td>X</td></tr><tr><td>6"</td><td>276</td><td>290</td><td>Granite Med</td><td></td><td>X</td></tr><tr><td>"</td><td>290</td><td>400</td><td>Granite Hard (very)</td><td></td><td>X</td></tr><tr><td>"</td><td>400</td><td>620</td><td>Granite Hard Approx 1 Gal.</td><td></td><td>X</td></tr><tr><td>"</td><td>620</td><td>645</td><td>Granite Med</td><td></td><td>X</td></tr><tr><td>"</td><td>645</td><td>651</td><td>Granite Hard</td><td></td><td>X</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	5	Top Soil with Clay & Gravel		X	"	5	110	Sand & Gravel with Boulders		X	8"	110	146	Decomposed Granite (Rotten)		X	8"	146	185	Granite Med		X	"	185	242	Decomposed Granite		X	"	242	265	Clay (water won't separate from clay)		X	"	265	276	Decomposed Granite		X	6"	276	290	Granite Med		X	"	290	400	Granite Hard (very)		X	"	400	620	Granite Hard Approx 1 Gal.		X	"	620	645	Granite Med		X	"	645	651	Granite Hard		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED APR 24 1985 Department of Water Resources Northern District Office RECEIVED MAY 2 1985 MICROFILMED Department of Water Resources																																																																																		
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="0" style="width: 100%;"><tr><td>Thickness</td><td>Diameter</td><td>From</td><td>To</td></tr><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>276</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch Size of perforation <u>one</u> inches by <u>1/8</u> inches <table border="0" style="width: 100%;"><tr><td>Number</td><td>From</td><td>To</td></tr><tr><td><u>4</u> perforations</td><td><u>274</u> feet</td><td><u>275</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18+</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>276</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>4</u> perforations	<u>274</u> feet	<u>275</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	10. Work started <u>3/4/85</u> finished <u>4/17/85</u>																																																		
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai County</u> <u>NW</u> <u>SE</u> <u>SW</u> <u>NE</u> <u>1/4</u> <u>2/4</u> <u>3/4</u> <u>4/4</u> Sec. <u>35</u> , T. <u>53</u> N, R. <u>3</u> E <u>(NW)</u>	11. DRILLERS CERTIFICATION <u>DL</u> I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Aqua Enterprises Inc.</u> Firm No. <u>163</u> Address <u>P.O. Box 1499 CPA, ID.</u> Date <u>4/18/85</u> Signed by (Firm Official) <u>Scott M. Brown</u> and (Operator) <u>Scott M. Brown</u>																																																																																		