

WELL DRILLER'S REPORT

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>PACIFIC GAS TRANSMISSION</u> Address <u>ATHOL, ID</u> Owner's Permit No. <u>STATION #5</u>	7. WATER LEVEL Static water level <u>425</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 ☒ Bailor ☐ 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 style="text-align: center;">20</td> <td style="text-align: center;">425</td> <td style="text-align: center;">17</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	20	425	17																																																																																		
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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></td> <td>0</td> <td>1</td> <td>TOP SOIL</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>1</td> <td>34</td> <td>GRAVEL w/ SOME BROWN CLAY</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>34</td> <td>225</td> <td>GRAVEL & BROWN CLAY</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>225</td> <td>233</td> <td>ONE BIG BOULDER</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>233</td> <td>280</td> <td>GRAVEL & BROWN CLAY</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>280</td> <td>286</td> <td>BASALT LEDGE</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>286</td> <td>292</td> <td>BLUE CLAY</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>292</td> <td>299</td> <td>BROWN CLAY w/ GRAVEL</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>299</td> <td>403</td> <td>BLUE CLAY</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>403</td> <td>410</td> <td>ONE BIG BOULDER</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>410</td> <td>425</td> <td>GRAVEL & SILT</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>425</td> <td></td> <td>WATER</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>425</td> <td>446</td> <td>GOOD WASHED GRAVEL CLEAN</td> <td></td> <td>X</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No		0	1	TOP SOIL		X		1	34	GRAVEL w/ SOME BROWN CLAY		X		34	225	GRAVEL & BROWN CLAY		X		225	233	ONE BIG BOULDER		X		233	280	GRAVEL & BROWN CLAY		X		280	286	BASALT LEDGE		X		286	292	BLUE CLAY		X		292	299	BROWN CLAY w/ GRAVEL		X		299	403	BLUE CLAY		X		403	410	ONE BIG BOULDER		X		410	425	GRAVEL & SILT		X		425		WATER		X		425	446	GOOD WASHED GRAVEL CLEAN		X
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____																																																																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>330 inches</td> <td>12 inches</td> <td>0 feet</td> <td>35 feet</td> </tr> <tr> <td>280 inches</td> <td>8 inches</td> <td>0 feet</td> <td>232 feet</td> </tr> <tr> <td>150 inches</td> <td>6 inches</td> <td>0 feet</td> <td>446 feet</td> </tr> </tbody> </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 _____ inches by _____ inches <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>perforations</td> <td>feet</td> <td>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> </tbody> </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>425</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	330 inches	12 inches	0 feet	35 feet	280 inches	8 inches	0 feet	232 feet	150 inches	6 inches	0 feet	446 feet	Number	From	To	perforations	feet	feet	perforations	feet	feet	perforations	feet	feet																																																													
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>NE 1/4 NW 1/4 Sec. 30, T. 53, R. 3, W. 4</u>	10. Work started <u>9/7/68</u> finished <u>12/11/68</u> 11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>DALE HOLMAN</u> Firm No. <u>105</u> Address <u>5804 PROGRESS RD</u> Date <u>12/30/68</u> Signed by (Firm Official) _____ and (Operator) <u>S. J. DISHMAN</u>																																																																																								

INSTALLATION REPORT

Rev. 3/30/65

DICKERSON PUMP & IRRIGATION CO., INC.
SPOKANE, WASHINGTON

DATE 1/16/ 1969

WELL DATA

CUSTOMER'S NAME Pacific Gas Transmission

WELL LOCATION Station #5 Athol, Idaho

WELL NO. _____

Depth 446' 9"

Where } Casing Top? X
From } Ground Level? _____

Date Drilled _____ Standing Water Level 420'

Size 6" I.D. Amount of Casing _____

Driller _____

Size Reductions and Where _____

ADDRESS _____

Pump House _____ Pit _____ Open X Other _____

WATER: Clear _____ Sandy _____ Rusty _____
Other _____

OTHER FACTS: Pitless Adapter is 4' 7" from top of casing. Buried Check Valve is responsibility of P.G.T.

CREW Chris Wood & Carl Harke

OUR HOIST No. 9 CRANK BY _____

NEW PUMP DATA

Make Suburban Model 28D18P305

Type _____ Serial No. 1268-5411

MOTOR: Make Reda H.P. 3 Phase 3 Speed 3450

Model _____ Serial No. _____

Frame _____ Amps 6.5 Volts 440 Ratchet? No

Base Type _____ Set On Pitless Adapter

Tank Size _____ Switch Set _____ Where? _____

Size of Shaft, Tube or Cable 10-3JC Ft. 450

Size of Drop Pipe or Column 1 1/4" Galv. Ft. 434'

Unit Type _____ No. Stages _____

Length of Unit: 6' 6" Tailpipe: Ft. _____ Size _____

Strainer Size _____ Type _____ Length _____ TOTAL SETTING 440' 6"

Type Lube: Auto _____ Man _____ Oil _____ Water _____

Probe Control Setting: Upper 426' Color White

(Ft. from top of casing) Lower 434' Color Black

Air Line Length _____ Size _____

STARTER: Make Allen Bradley Size _____

Heater Size J23 Amps _____ Fuse Type _____ Size _____

OLD PUMP & REPAIR PUMP DATA

Make _____ Model _____

Type _____ Serial No. _____

MOTOR: Make _____ H.P. _____ Phase _____ Speed _____

Model _____ Serial No. _____

Frame _____ Amps _____ Volts _____ Ratchet? _____

Base Type _____ Set On _____ Grounded? _____

Tank Size _____ Switch Set _____ Where? _____

Size of Shaft, Tube or Cable _____ Ft. _____

Size of Drop Pipe or Column _____ Ft. _____

Unit Type _____ No. Stages _____

Length of Unit _____ Tailpipe: Ft. _____ Size _____

Strainer Size _____ Type _____ Length _____ TOTAL SETTING _____

Type Lube: Auto _____ Man _____ Oil _____ Water _____

Probe Control Setting: Upper _____ Color _____

(Ft. from top of casing) Lower _____ Color _____

Air Line Length _____ Size _____

STARTER: Make _____ Size _____

Heater Size _____ Amps _____ Fuse Type _____ Size _____

Date Original Installation _____ By _____

See "Remarks" other side