

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**USE TYPEWRITER OR  
BALLPOINT PENState 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.

| <b>1. WELL OWNER</b><br>Name <u>Bruce Boyce Anderson</u><br>Address <u>Washburn</u><br>Owner's Permit No. <u>95-90-N-81-001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <b>7. WATER LEVEL</b><br>Static water level _____ feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>100</u> °F. Quality <u>NO SALT</u><br><small>Describe artesian or temperature zones below.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                  |               |                   |                 |               |                 |                   |                 |                |                 |              |              |            |            |              |              |            |            |            |      |    |                        |                 |                 |                    |                 |            |                    |            |            |           |                   |  |          |  |           |           |                              |  |          |  |           |           |                        |  |          |  |           |           |                              |  |          |  |           |           |                      |  |          |  |           |            |                             |  |          |  |            |            |               |  |          |  |            |            |                        |          |  |  |            |            |                   |  |          |  |            |            |                       |  |          |  |            |            |               |  |          |  |            |            |                          |  |          |  |            |            |                                |          |  |  |            |            |                                      |  |          |  |  |  |                   |  |          |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>8</u></td><td><u>190</u></td><td><u>2</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | Discharge G.P.M. | Pumping Level | Hours Pumped      | <u>8</u>        | <u>190</u>    | <u>2</u>        |                   |                 |                |                 |              |              |            |            |              |              |            |            |            |      |    |                        |                 |                 |                    |                 |            |                    |            |            |           |                   |  |          |  |           |           |                              |  |          |  |           |           |                        |  |          |  |           |           |                              |  |          |  |           |           |                      |  |          |  |           |            |                             |  |          |  |            |            |               |  |          |  |            |            |                        |          |  |  |            |            |                   |  |          |  |            |            |                       |  |          |  |            |            |               |  |          |  |            |            |                          |  |          |  |            |            |                                |          |  |  |            |            |                                      |  |          |  |  |  |                   |  |          |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <b>9. LITHOLOGIC LOG</b><br><table border="1"><thead><tr><th rowspan="2">Bore<br/>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><u>8</u></td><td><u>0</u></td><td><u>120</u></td><td></td><td></td><td></td></tr><tr><td><u>6</u></td><td><u>120</u></td><td><u>220</u></td><td></td><td></td><td></td></tr><tr><td></td><td><u>0</u></td><td><u>2</u></td><td><u>Top Soil</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>2</u></td><td><u>25</u></td><td><u>Brown Clay</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>25</u></td><td><u>35</u></td><td><u>White Clay &amp; Sand</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>35</u></td><td><u>55</u></td><td><u>grey sandy clay</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>55</u></td><td><u>70</u></td><td><u>Soft Green shale Rock</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>70</u></td><td><u>75</u></td><td><u>Soft Volcanic</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>75</u></td><td><u>105</u></td><td><u>Soft Basalt (Broken)</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>105</u></td><td><u>115</u></td><td><u>Basalt</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>115</u></td><td><u>145</u></td><td><u>Clay &amp; Sand</u></td><td><u>X</u></td><td></td></tr><tr><td></td><td><u>145</u></td><td><u>150</u></td><td><u>Brown Clay</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>150</u></td><td><u>165</u></td><td><u>Brown Volcanic</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>165</u></td><td><u>175</u></td><td><u>Basalt</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>175</u></td><td><u>200</u></td><td><u>Clay &amp; Basalt</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>200</u></td><td><u>205</u></td><td><u>Soft Blue volcanic Rock</u></td><td><u>X</u></td><td></td></tr><tr><td></td><td><u>205</u></td><td><u>220</u></td><td><u>Soft Volcanic &amp; Blue Clay</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td></td><td></td><td><u>Brown Clay</u></td><td></td><td><u>X</u></td></tr></tbody></table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"><b>RECEIVED</b><br/>JUL 30 1990<br/>NORTHERN REGION<br/>IDWR</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"><b>RECEIVED</b><br/>AUG 2 1990<br/>Department of Water Resources</div> |                                      | Bore<br>Diam.    | Depth         |                   | Material        | Water         |                 | From              | To              | Yes            | No              | <u>8</u>     | <u>0</u>     | <u>120</u> |            |              |              | <u>6</u>   | <u>120</u> | <u>220</u> |      |    |                        |                 | <u>0</u>        | <u>2</u>           | <u>Top Soil</u> |            | <u>X</u>           |            | <u>2</u>   | <u>25</u> | <u>Brown Clay</u> |  | <u>X</u> |  | <u>25</u> | <u>35</u> | <u>White Clay &amp; Sand</u> |  | <u>X</u> |  | <u>35</u> | <u>55</u> | <u>grey sandy clay</u> |  | <u>X</u> |  | <u>55</u> | <u>70</u> | <u>Soft Green shale Rock</u> |  | <u>X</u> |  | <u>70</u> | <u>75</u> | <u>Soft Volcanic</u> |  | <u>X</u> |  | <u>75</u> | <u>105</u> | <u>Soft Basalt (Broken)</u> |  | <u>X</u> |  | <u>105</u> | <u>115</u> | <u>Basalt</u> |  | <u>X</u> |  | <u>115</u> | <u>145</u> | <u>Clay &amp; Sand</u> | <u>X</u> |  |  | <u>145</u> | <u>150</u> | <u>Brown Clay</u> |  | <u>X</u> |  | <u>150</u> | <u>165</u> | <u>Brown Volcanic</u> |  | <u>X</u> |  | <u>165</u> | <u>175</u> | <u>Basalt</u> |  | <u>X</u> |  | <u>175</u> | <u>200</u> | <u>Clay &amp; Basalt</u> |  | <u>X</u> |  | <u>200</u> | <u>205</u> | <u>Soft Blue volcanic Rock</u> | <u>X</u> |  |  | <u>205</u> | <u>220</u> | <u>Soft Volcanic &amp; Blue Clay</u> |  | <u>X</u> |  |  |  | <u>Brown Clay</u> |  | <u>X</u> |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <u>PVC</u><br><table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> foot</td><td><u>120</u> feet</td></tr><tr><td><u>160</u> inches</td><td><u>4</u> inches</td><td><u>20</u> feet</td><td><u>200</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></tbody></table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>18</u> inches by <u>4</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>60</u> perforations</td><td><u>140</u> feet</td><td><u>200</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></tbody></table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel <u>1/4" pea</u><br>Placed from <u>120</u> feet to <u>200</u> feet<br>Surface seal depth <u>20'</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Solvent<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Diameter                             | From             | To            | <u>250</u> inches | <u>6</u> inches | <u>1</u> foot | <u>120</u> feet | <u>160</u> inches | <u>4</u> inches | <u>20</u> feet | <u>200</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | Number     | From | To | <u>60</u> perforations | <u>140</u> feet | <u>200</u> feet | _____ perforations | _____ feet      | _____ feet | _____ perforations | _____ feet | _____ feet |           |                   |  |          |  |           |           |                              |  |          |  |           |           |                        |  |          |  |           |           |                              |  |          |  |           |           |                      |  |          | 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| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <u>160</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <u>60</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written description.<br><div style="text-align: center;">N<br/>W E<br/>S<br/>X</div> Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Kootenai</u><br><u>NW 1/4 SW 1/4 Sec. 9 T. 48 N. R. 5 E</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | <b>10.</b><br>Work started <u>7-9-90</u> finished <u>7-9-90</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>11. DRILLERS CERTIFICATION</b> <u>20</u><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>H2O Well Serv.</u> Firm No. <u>448</u><br>Address <u>582 W. Hayburne</u> Date <u>7-11-90</u><br><u>Hayburne Idaho</u><br>Signed by (Firm Official) <u>John Whisenand</u><br>and<br>(Operator) <u>Wayne Miller</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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