

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.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

BERG

Office Use Only

Well ID No. \_\_\_\_\_

Inspected by \_\_\_\_\_

Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4

Lat: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ Long: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

DRILLING PERMIT NO. \_\_\_\_\_  
Water Right or Injection Well No. \_\_\_\_\_

Name Mike Berg  
Address P.O. Box 127  
City Rathdrum State ID Zip 83858

Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

100 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices:

Jim McLeslie

Operator 11  
FORWARD WHITE COPY TO WATER RESOURCES



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## Department of Water Resources



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