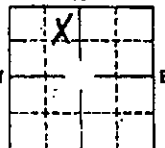


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Jane Cadwalader</u> Address <u>482W Helen Hayden Ave</u> Drilling Permit No. <u>95-91-N-99</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>17</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 _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☒ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. <u>4</u> Pumping Level _____ Hours Pumped <u>4</u> <u>Air Lift 3 1/2 gpm</u>																																																											
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><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>4</td><td>Top Soil</td><td></td><td>X</td></tr><tr><td></td><td>4</td><td>16</td><td>Red sand - Clay</td><td></td><td>X</td></tr><tr><td></td><td>16</td><td>18</td><td>Sand - Gravel - Clay</td><td>X</td><td></td></tr><tr><td></td><td>18</td><td>179</td><td>Sand - Clay - silt</td><td>X</td><td></td></tr><tr><td>6</td><td>179</td><td>400</td><td>Granite Mfg</td><td>X</td><td></td></tr><tr><td></td><td>400</td><td>545</td><td>Granite Med</td><td></td><td>X</td></tr><tr><td></td><td>545</td><td>700</td><td>Granite Hard</td><td>X</td><td></td></tr><tr><td></td><td>700</td><td>805</td><td>Granite Med</td><td>X</td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	4	Top Soil		X		4	16	Red sand - Clay		X		16	18	Sand - Gravel - Clay	X			18	179	Sand - Clay - silt	X		6	179	400	Granite Mfg	X			400	545	Granite Med		X		545	700	Granite Hard	X			700	805	Granite Med	X	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																																													
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet <u>250</u> inches <u>6</u> inches + <u>1</u> feet <u>179</u> feet <u>Pvc</u> inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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>25</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☒ Cuttings 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 _____																																																													
6. LOCATION OF WELL Sketch map location must agree with written location  Subdivision Name <u>DEC-04 1991</u> Lot No. _____ Block No. _____ County <u>Custer</u> <u>Ne 1/4 NW 1/4 Sec. 28, T. 52 S. R. 3 W.</u>		10. Work started <u>7-24</u> finished <u>7-28</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>H2O</u> Firm No. <u>448</u> Address <u>Hayden</u> Date <u>7-30-91</u> Signed by (Firm Official) <u>John Williams</u> and <u>Matt Williams</u> (Operator)		RECEIVED AUG 12 1991 AUG 2 1991 Department of Water Resources NORTHWEST REGION IDAHO																																																											

CHARBONNEAU PIN 52N03W-28-3350

