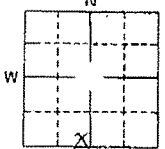


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>FRANK WOLFF</u> Address <u>Rt 3 Box 206 Hayden Lake Idaho 83835</u> Owner's Permit No. <u>95-79-N-126</u>		7. WATER LEVEL Static water level <u>22</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 <u>cold</u> °F. Quality <u>Good</u>																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ Discharge G.P.M. <u>1 GPM</u> Pumping Level _____ Hours Pumped <u>1/2 hr</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">Hole 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>16</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>16</td><td>17</td><td>Basalt (Rock)</td><td></td><td>X</td></tr><tr><td></td><td>17</td><td>33</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>33</td><td>36</td><td>Basalt</td><td>X</td><td></td></tr><tr><td>6</td><td>36</td><td>60</td><td>Basalt</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	16	Brown Clay		X		16	17	Basalt (Rock)		X		17	33	Brown Clay		X		33	36	Basalt	X		6	36	60	Basalt		
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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"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>2.50 inches</td><td>6 inches</td><td>1 feet</td><td>36 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></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 <u>1/16</u> inches by <u>6</u> inches Number of perforations <u>12</u> From <u>32</u> feet To <u>36</u> 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 <u>4" MINES</u> Placed from <u>30</u> feet to <u>36</u> feet Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout ☒ Puddling clay ☒ Well 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 _____		Thickness	Diameter	From	To	2.50 inches	6 inches	1 feet	36 feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																						
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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</u> SE 1/4 SW 1/4 Sec. <u>5</u> , T. <u>51</u> N., R. <u>3</u> E.		10. Work started <u>2/1/79</u> finished <u>2/2/79</u>																																									
		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. <u>Associated Well</u> Firm Name <u>Drillers INC.</u> Firm No. <u>245</u> <u>Box 723</u> Address <u>C.O.A. Idaho</u> Date <u>2/2/79</u> Signed by (Firm Official) <u>Rol Hinton</u> and <u>MICHAEL</u> (Operator) <u>Unit 4 Degitz</u>																																									

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

SCANNED
NOV 30 2009

**KOOTENAI COUNTY ASSESSOR
PROPERTY LISTING BY ACCOUNT NO.**

FILE 136
CPL. E. HUGHES
YEARN 1979

[illegible]

Mobile Home