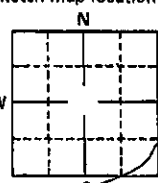


JUL 16 1984

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.

ENT'D

1. WELL OWNER		7. WATER LEVEL																																											
Name <u>ELIZABETH MARY ANDERSON J</u>		Static water level <u>20</u> feet below land surface.																																											
Address <u>2240 VALHALLA LANE CH. 10-83814</u>		Flowing? ☐ Yes ☒ No G.P.M. flow _____																																											
Owner's Permit-No. <u>95-84-N-38</u>		Artesian closed-in pressure _____ p.s.i.																																											
		Controlled by: ☐ Valve ☒ Cap ☐ Plug																																											
		Temperature <u>cold</u> OF. Quality <u>Good</u>																																											
		Describe artesian or temperature zones below.																																											
2. NATURE OF WORK		8. WELL TEST DATA																																											
☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		☐ Pump ☐ Bailor ☒ Air ☐ Other _____																																											
		Discharge G.P.M. <u>2.5</u> Pumping Level <u>Variable</u> Hours Pumped <u>1 hr.</u>																																											
3. PROPOSED USE		9. LITHOLOGIC LOG																																											
☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type) _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From</th> <th>To</th> <th>Material</th> <th>Water Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td>0</td><td>64</td><td>Sand</td><td></td><td>X</td></tr> <tr><td></td><td>64</td><td>87</td><td>Brown Silt</td><td></td><td>X</td></tr> <tr><td></td><td>87</td><td>90</td><td>Granite</td><td></td><td>X</td></tr> <tr><td>6</td><td>90</td><td>120</td><td>Granite</td><td></td><td>V</td></tr> <tr><td></td><td>120</td><td>135</td><td>Granite (Med) 2.GPM</td><td>X</td><td></td></tr> <tr><td></td><td>135</td><td>300</td><td>Granite</td><td></td><td>X</td></tr> </tbody> </table>		Bore Diam.	Depth From	To	Material	Water Yes	No		0	64	Sand		X		64	87	Brown Silt		X		87	90	Granite		X	6	90	120	Granite		V		120	135	Granite (Med) 2.GPM	X			135	300	Granite		X
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4. METHOD DRILLED		RECEIVED JUL 9 1984 Department of Water Resources Northern District Office MICROFILMED																																											
☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																													
5. WELL CONSTRUCTION																																													
Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____																																													
<table style="width: 100%;"> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> <tr> <td><u>2.50</u> inches</td> <td><u>6</u> inches +</td> <td><u>2</u> feet</td> <td><u>90</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> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table>				Thickness	Diameter	From	To	<u>2.50</u> inches	<u>6</u> inches +	<u>2</u> feet	<u>90</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																						
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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																																													
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Well screen installed? ☐ Yes ☒ No																																													
Manufacturer's name _____																																													
Type _____ Model No. _____																																													
Diameter _____ Slot size _____ Set from _____ feet to _____ feet																																													
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Gravel packed? ☐ Yes ☒ No Size of gravel _____																																													
Placed from _____ feet to _____ feet																																													
Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout																																													
☒ Bentonite ☐ Puddling clay ☐ <u>CUTTING FLUID</u>																																													
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		10. Work started <u>6/15/84</u> finished <u>6/18/84</u>																																											
Sketch map location must agree with written location.		11. DRILLERS CERTIFICATION																																											
		I/We certify that all minimum well construction standards were complied with at the time the rig was removed.																																											
Subdivision Name <u>VALHALLA PARK</u>		Firm Name <u>Drillers Inc</u> Firm No. <u>245</u>																																											
Lot No. <u>5</u> Block No. _____		Address <u>Box 723 C.O.A</u> Date <u>6/18/84</u>																																											
County <u>KERNENAI</u>		Signed by (Firm Official) <u>[Signature]</u>																																											
T. <u>49</u> N. <u>4</u> E. W. <u>4</u>		and (Operator) <u>Robert F. Deguz</u>																																											

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

ANDERSON PIN 0-8340-000-004-A

