

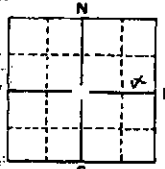
USE TYPEWRITER OR  
BALL POINT PEN

State of Idaho  
Department of Water Resources

WELL DRILLER'S REPORT

RECEIVED

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.

| <b>1. WELL OWNER</b><br>Name <u>Larry N. Johnson</u><br>Address <u>E. 9 WADSWORTH SPOKANE, ID. 99203</u><br>Owner's Permit No. <u>95-77-N-131</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>7. WATER LEVEL</b> Department of Water Resources<br>Static water level <u>15</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Temperature <u>60</u> ° F. Quality <u>Fair</u><br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                         |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Other<br>Discharge G.P.M. <u>60</u> Draw Down <u>5</u> Hours Pumped <u>1 hr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type)<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <b>9. LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <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>8</td><td>Brown Clay</td><td></td><td>Y</td></tr><tr><td></td><td>8</td><td>51</td><td>Blue Clay</td><td></td><td>Y</td></tr><tr><td></td><td>51</td><td>90</td><td>Broken Basalt with Clay seams</td><td></td><td></td></tr><tr><td></td><td>90</td><td>95</td><td>Basalt</td><td></td><td></td></tr><tr><td>6</td><td>95</td><td>132</td><td>Broken Basalt</td><td></td><td>X</td></tr><tr><td colspan="6">60 GPM AT 130</td></tr></tbody></table> |                               | Hole Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 8 | 0 | 8 | Brown Clay |  | Y |  | 8 | 51 | Blue Clay |  | Y |  | 51 | 90 | Broken Basalt with Clay seams |  |  |  | 90 | 95 | Basalt |  |  | 6 | 95 | 132 | Broken Basalt |  | X | 60 GPM AT 130 |  |  |  |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Material                      |            | Water |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | Yes        | No    |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0     | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Brown Clay                    |            | Y     |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
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| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 95    | 132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Broken Basalt                 |            | X     |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
| 60 GPM AT 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>6</u> inches Total depth <u>132</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness <u>2.50</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>95</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation _____ inches by _____ inches<br>Number _____ From _____ To _____<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>21</u> Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Puddling clay <input checked="" type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry pit <input checked="" type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name <u>Park Addition</u><br><u>TO ROCKFORD BAY</u><br><u>SUMMER HOMES</u><br>Lot No. <u>5</u> Block No. _____<br>County <u>KOOTENAI</u><br><u>SE 1/4 NE 1/4 Sec. 17, T. 48 N. R. 4 E. W.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | <b>10.</b><br>Work started <u>9/15/77</u> finished <u>9/15/77</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | <b>11. DRILLERS CERTIFICATION</b><br>Firm Name <u>Associated Well Drillers Inc.</u> Firm No. <u>345</u><br>Address <u>Box 723, C.O.A. Idaho</u> Date <u>9/15/77</u><br>Signed by (Firm Official) <u>Bob Thomas</u><br>and<br>(Operator) <u>Robert F. Deguy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |            |       |  |          |       |  |      |    |     |    |   |   |   |            |  |   |  |   |    |           |  |   |  |    |    |                               |  |  |  |    |    |        |  |  |   |    |     |               |  |   |               |  |  |  |  |  |