

WELL DRILLER'S REPORT

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.

RECEIVED
within 30

1. WELL OWNER		7. WATER LEVEL Department of Water Resources													
Name <u>E. J. Taylor & Son, Inc., Box Tenba grove</u>		Static water level <u>60</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>Cold</u> ° F. Quality <u>Good</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☒ Cap ☐ Plug													
Address <u>Rt 3 Box 127 Highway Lane Lenoir NC 28335</u>															
Owner's Permit No. <u>94-77-N-22</u>															
2. NATURE OF WORK		8. WELL TEST DATA													
☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		☐ Pump ☐ Bailor ☒ Other													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Discharge G.P.M.</th> <th style="width: 33%;">Draw Down</th> <th style="width: 33%;">Hours Pumped</th> </tr> <tr> <td align="center"><u>10 GPM</u></td> <td align="center"><u>P</u></td> <td align="center"><u>1 hr.</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		Discharge G.P.M.	Draw Down	Hours Pumped	<u>10 GPM</u>	<u>P</u>	<u>1 hr.</u>						
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<u>10 GPM</u>	<u>P</u>	<u>1 hr.</u>													
3. PROPOSED USE		9. LITHOLOGIC LOG													
☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection															
4. METHOD DRILLED															
☐ Cable ☒ Rotary ☐ Dug ☐ Other															
5. WELL CONSTRUCTION															
Diameter of hole <u>6</u> inches Total depth _____ feet Casing schedule: ☒ Steel ☐ Concrete															
Thickness Diameter From To <u>.1250</u> inches <u>6</u> inches + <u>1</u> foot <u>25</u> feet															
_____ 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															
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>22</u> Material used in seal ☐ Cement grout															
☒ Puddling clay ☒ Well cuttings															
Sealing procedure used ☐ Slurry pit ☒ Temporary surface capping															
☒ Overbore to seal depth															
6. LOCATION OF WELL															
Sketch map location must agree with written location.															
Subdivision Name _____															
Lot No. _____ Block No. _____															
County <u>KOOTENAI</u>															
<u>NW ¼ NW ¼ Sec. 25 T. 47 N. R. 3 E W</u>															
		10. Work started <u>10/4/77</u> finished <u>10/5/77</u>													
		II. DRILLERS CERTIFICATION													
		Firm Name <u>Associated Well Drillers, Inc.</u> Firm No. <u>245</u>													
		Address <u>Rt 723, C.D.A. Idaho</u> Date <u>10/5/77</u>													
		Signed by (Firm Official) <u>[Signature]</u>													
		and Operator <u>Robert F. [Signature]</u>													