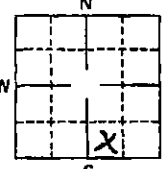


STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.USE TYPEWRITER OR  
BALLPOINT PEN

| <b>1. WELL OWNER</b><br>Name <u>Gordon Jetti</u><br>Address <u>2918 Fernan Ct</u><br><u>Co Co Id</u><br>Owner's Permit No. <u>95-86-N-31</u><br><u>765-5188</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | <b>7. WATER LEVEL</b><br>Static water level <u>100'</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>64.0</u> °F. Quality _____<br>Describe artesian or temperature zones below.                                                                                                                                                                                                                                                                                                                                                                                  |          |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
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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 abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br>Discharge G.P.M. <u>10 WITH AIR</u> Pumping Level _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>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>8</td><td>4</td><td>100</td><td>CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>100</td><td>125</td><td>SAND</td><td>2 GPM</td><td>X</td></tr><tr><td>8</td><td>125</td><td>170</td><td>CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>170</td><td>180</td><td>SHALE</td><td></td><td>X</td></tr><tr><td>6</td><td>180</td><td>192</td><td>SHALE</td><td>X</td><td></td></tr><tr><td>6</td><td>192</td><td>235</td><td>SHALE</td><td></td><td>X</td></tr></tbody></table> |          | Bore<br>Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 8 | 0 | 4 | TOP SOIL |  | X | 8 | 4 | 100 | CLAY |  | X | 8 | 100 | 125 | SAND | 2 GPM | X | 8 | 125 | 170 | CLAY |  | X | 8 | 170 | 180 | SHALE |  | X | 6 | 180 | 192 | SHALE | X |  | 6 | 192 | 235 | SHALE |  | X |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Material |               | Water |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Yes           | No    |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOP SOIL |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4     | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLAY     |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 100   | 125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SAND     | 2 GPM         | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 125   | 170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLAY     |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 170   | 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE    |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 180   | 192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE    | X             |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 192   | 235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE    |               | X     |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness <u>2.50</u> inches Diameter <u>6</u> inches From <u>15</u> feet To <u>180</u> 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 <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>12</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| <b>6. LOCATION OF WELL</b><br>Sketch map location <u>must</u> agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Kootenai</u><br><u>9/W</u> <u>9/E</u> <u>9</u> Sec. <u>8</u> T. <u>49</u> N. R. <u>3</u> E/W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <b>10.</b><br>Work started <u>4-17-86</u> finished <u>4-18-86</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |
| <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>H2O Well Services</u> Firm No. <u>448</u><br>Address <u>582 W/ Hayden Ave</u> Date <u>4-22-86</u><br><u>Hayden Lake Idaho 83835</u><br>Signed by (Firm Official) <u>John B. Whelan</u><br>and<br>(Operator) <u>Chas. J. Shultz</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |               |       |  |          |       |  |      |    |     |    |   |   |   |          |  |   |   |   |     |      |  |   |   |     |     |      |       |   |   |     |     |      |  |   |   |     |     |       |  |   |   |     |     |       |   |  |   |     |     |       |  |   |