

## 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.

| <b>1. WELL OWNER</b><br>Name <u>James &amp; Alohae Walton</u><br>Address <u>117 E Garden Ave CDA, Id 83814</u><br>Drilling Permit No. <u>95-91-N-135</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>7. WATER LEVEL</b><br>Static water level <u>75</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 _____ °F. Quality _____<br><i>Describe artesian or temperature zones below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
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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"/> Well diameter increase<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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>40</td><td>175</td><td>2</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Discharge G.P.M. | Pumping Level | Hours Pumped | 40       | 175    | 2       |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pumping Level | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 175           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input 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>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>9</td><td>Clay &amp; Basalt Cobble</td><td></td><td></td></tr><tr><td>8</td><td>9</td><td>49</td><td>Basalt</td><td></td><td></td></tr><tr><td>6</td><td>49</td><td>120</td><td>Basalt</td><td></td><td></td></tr><tr><td></td><td>120</td><td>127</td><td>Broken Basalt</td><td></td><td></td></tr><tr><td></td><td>127</td><td>138</td><td>Tan clay &amp; Sand</td><td></td><td></td></tr><tr><td></td><td>138</td><td>145</td><td>Tan Clay</td><td></td><td></td></tr><tr><td></td><td>145</td><td>157</td><td>Grey clay</td><td></td><td>X</td></tr><tr><td></td><td>157</td><td>170</td><td>fine sand</td><td></td><td></td></tr><tr><td></td><td>170</td><td>178</td><td>Sand- close to sandstone</td><td></td><td></td></tr><tr><td></td><td>178</td><td>179</td><td>Coarse Sand</td><td></td><td>X</td></tr><tr><td></td><td>179</td><td>180</td><td>Basalt &amp; Clay</td><td></td><td></td></tr></tbody></table> |                          | Bore<br>Diam.    | Depth         |              | Material | Water  |         | From       | To     | Yes    | No       | 8                                                                                                                                                                                                                                                                                                                                              | 0            | 9          | Clay & Basalt Cobble |              |              | 8          | 9          | 49                                                                                                                                                                                                                                                                       | Basalt |  |  | 6 | 49 | 120 | Basalt |  |  |  | 120 | 127 | Broken Basalt |  |  |  | 127 | 138 | Tan clay & Sand |  |  |  | 138 | 145 | Tan Clay |  |  |  | 145 | 157 | Grey clay |  | X |  | 157 | 170 | fine sand |  |  |  | 170 | 178 | Sand- close to sandstone |  |  |  | 178 | 179 | Coarse Sand |  | X |  | 179 | 180 | Basalt & Clay |  |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Depth         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Material                 |                  | Water         |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
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| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>250 inches</td><td>6 inches</td><td>1 feet</td><td>50 feet</td></tr><tr><td>160 inches</td><td>4" PVC</td><td>1 feet</td><td>180 feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table><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 <input type="checkbox"/> Gun<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name <u>Wesco</u><br>Type <u>PVC</u> Model No. _____<br>Diameter <u>4</u> Slot size <u>8</u> Set from <u>170</u> feet to <u>180</u> feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel <u>10-20</u><br>Placed from <u>140</u> feet to <u>180</u> feet<br>Surface seal depth <u>49</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 checked="" 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 <u>Well cap</u> |               | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diameter                 | From             | To            | 250 inches   | 6 inches | 1 feet | 50 feet | 160 inches | 4" PVC | 1 feet | 180 feet | _____ inches                                                                                                                                                                                                                                                                                                                                   | _____ inches | _____ feet | _____ feet           | _____ inches | _____ inches | _____ feet | _____ feet | <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED<br/>SEP 30 1991<br/>NORTHERN REGION<br/>IDWR</div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); text-align: center;">MICROFILMED<br/>MAY 05 1992</div> |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Diameter      | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | To                       |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| 250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 inches      | 1 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 50 feet                  |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| 160 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4" PVC        | 1 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 180 feet                 |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ inches  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet               |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ inches  | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ feet               |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location <u>must</u> agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td>X</td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table><br>County <u>Kootenai</u><br>Subdivision Name _____<br>Lot No. <u>7</u> Block No. <u>3</u><br>SW <input type="checkbox"/> NE <input type="checkbox"/> Sec. <u>7</u> T. <u>49</u> N <input checked="" type="checkbox"/> S <input type="checkbox"/> R. <u>3</u> E <input type="checkbox"/> W <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                  | W             | X            | E        |        |         |            | S      |        |          | <b>11. DRILLERS CERTIFICATION</b><br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>Bronson Water Well</u> Firm No. <u>360</u><br>Address <u>Spirit Lake, ID</u> Date <u>8-28-91</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and<br>(Operator) _____ |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
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| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X             | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |
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| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                  |               |              |          |        |         |            |        |        |          |                                                                                                                                                                                                                                                                                                                                                |              |            |                      |              |              |            |            |                                                                                                                                                                                                                                                                          |        |  |  |   |    |     |        |  |  |  |     |     |               |  |  |  |     |     |                 |  |  |  |     |     |          |  |  |  |     |     |           |  |   |  |     |     |           |  |  |  |     |     |                          |  |  |  |     |     |             |  |   |  |     |     |               |  |  |