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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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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.

1. WELL OWNER Name <u>Johnnie Berrett</u> Address <u>Hwy Rt. 1 Box 375 Remond, Ida 83870</u> Owner's Permit No. <u>93-88-71-2</u>		7. WATER LEVEL Department of Water Resources Static water level <u>40</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below _____																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>1 1/4 G.P.M. Air Test</u>																																																											
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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>13</td><td>Soil</td><td></td><td></td></tr><tr><td>8 1/4</td><td>13</td><td>146</td><td>Clay - Hard</td><td></td><td></td></tr><tr><td>6</td><td>146</td><td>152</td><td>Argillite - Grey - Hard</td><td></td><td></td></tr><tr><td></td><td>152</td><td>210</td><td>Argillite - Grey - Fractured</td><td></td><td></td></tr><tr><td></td><td>210</td><td>226</td><td>Argillite - Grey - Fractured</td><td></td><td></td></tr><tr><td></td><td>226</td><td>283</td><td>Argillite - Grey - Fractured</td><td></td><td></td></tr><tr><td></td><td>283</td><td>286</td><td>Clay - White</td><td></td><td></td></tr><tr><td></td><td>286</td><td>305</td><td>Argillite - Grey - Fractured</td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	13	Soil			8 1/4	13	146	Clay - Hard			6	146	152	Argillite - Grey - Hard				152	210	Argillite - Grey - Fractured				210	226	Argillite - Grey - Fractured				226	283	Argillite - Grey - Fractured				283	286	Clay - White				286	305	Argillite - Grey - Fractured		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED NOV 2 1988 NORTHERN REGION I.D.W.																																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>1</u> feet</td><td><u>20</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal: ☒ Cement grout ☐ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>250</u> inches	<u>8</u> inches	<u>1</u> feet	<u>20</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																																						
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6. LOCATION OF WELL Sketch map location must agree with written location. <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></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Benevoh</u> <u>NW</u> 1/4 <u>SE</u> 1/4 Sec. <u>6</u> T. <u>43</u> N. R. <u>3</u> W.		N			W	X	E				10. Work started <u>9-1-88</u> finished <u>9-6-88</u>																																																		
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W	X	E																																																											
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. McPHEARSON & WRIGHT DRILLING Firm No. <u>2248</u> <u>Remond</u> Firm No. <u>376</u> <u>Lewiston, Idaho 83801</u> Address _____ Date <u>9-15-88</u> Signed by (Firm Official) <u>Ray McPherson</u> and (Operator) <u>Ed Wright</u>																																																													