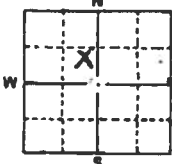


WELL DRILLER'S REPORT

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.

1. WELL OWNER Name <u>AL Osteron</u> Address <u>RT 1 Box 65 Conrad Alene Idaho</u> Owner's Permit No. <u>95-77-N-41</u>		7. WATER LEVEL Static water level <u>0</u> feet below land surface Flowing? ☒ Yes ☒ No G.P.M. flow <u>1</u> Temperature <u> </u> ° F. Quality <u> </u> Artesian closed-in pressure <u> </u> p.s.i. Controlled by ☐ Valve ☒ Cap ☐ Plug																																																																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>Hyd</u> Discharge G.P.M. <u>35</u> Draw Down <u> </u> Hours Pumped <u> </u>																																																																													
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>9</td><td>Decomposed Granite & Sand</td><td></td><td></td></tr><tr><td></td><td>9</td><td>46</td><td>Granite</td><td></td><td></td></tr><tr><td></td><td>46</td><td>49</td><td>Fractured Granite</td><td></td><td></td></tr><tr><td></td><td>49</td><td>142</td><td>Granite</td><td></td><td></td></tr><tr><td></td><td>142</td><td>146</td><td>Dec. Granite</td><td></td><td></td></tr><tr><td></td><td>146</td><td>196</td><td>Granite</td><td></td><td></td></tr><tr><td></td><td>196</td><td>198</td><td>Fractured Granite</td><td></td><td></td></tr><tr><td></td><td>198</td><td>210</td><td>Granite</td><td></td><td></td></tr><tr><td></td><td>210</td><td>214</td><td>Dec. Granite</td><td></td><td></td></tr><tr><td></td><td>214</td><td>219</td><td>Granite</td><td></td><td></td></tr><tr><td></td><td>219</td><td>250</td><td>Dec. Granite</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	0	9	Decomposed Granite & Sand				9	46	Granite				46	49	Fractured Granite				49	142	Granite				142	146	Dec. Granite				146	196	Granite				196	198	Fractured Granite				198	210	Granite				210	214	Dec. Granite				214	219	Granite				219	250	Dec. Granite		
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		RECEIVED OCT 21 1977 Department of Water Resources Northern District Office																																																																													
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>250</u> feet Casing schedule: ☐ Steel ☐ Concrete Thickness <u>1/4</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>19</u> feet Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation <u> </u> inches by <u> </u> inches Number <u> </u> From <u> </u> feet To <u> </u> feet perforations <u> </u> feet <u> </u> feet perforations <u> </u> feet <u> </u> feet perforations <u> </u> feet <u> </u> feet Well screen installed? ☐ Yes ☒ No Manufacturer's name <u> </u> Type <u> </u> Model No. <u> </u> Diameter <u> </u> Slot size <u> </u> Set from <u> </u> feet to <u> </u> feet Diameter <u> </u> Slot size <u> </u> Set from <u> </u> feet to <u> </u> feet Gravel packed? ☐ Yes ☒ No Size of gravel <u> </u> Placed from <u> </u> feet to <u> </u> feet Surface seal depth <u>18'</u> Material used in seal ☐ Cement grout <u>Bentonite</u> ☐ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☐ Overbore to seal depth																																																																															
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name <u> </u> Lot No. <u> </u> Block No. <u> </u> County <u>Kootenai</u> <u>SE 1/4 NW 17 T. 50 N. R. 4 E</u>				10. Work started <u>10-11-77</u> finished <u>10-12-77</u>																																																																											
11. DRILLERS CERTIFICATION Firm Name <u>Enterprise Drilling Co</u> Firm No. <u>302</u> Address <u>Box 44 Post Falls, Idaho</u> Date <u>10-12-77</u> Signed by (Firm Official) <u>[Signature]</u> and <u>[Signature]</u> (Operator)																																																																															

WELL DRILLER'S REPORT

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RECEIVED

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT