

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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>Bob Newell</u> Address <u>Rt 1 Box 520 Athol Id</u> Owner's Permit No. <u>95-91-N-184-100</u>		7. WATER LEVEL Static water level <u>15</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 ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>1 1/2</u></td><td></td><td><u>1 hr</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>1 1/2</u>		<u>1 hr</u>																																		
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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>6"</td><td>65'</td><td>120'</td><td>Granite cft.</td><td></td><td>X</td></tr><tr><td>"</td><td>120'</td><td>180'</td><td>" Mch</td><td></td><td>X</td></tr><tr><td>"</td><td>180'</td><td>240'</td><td>" Mch</td><td></td><td>X</td></tr><tr><td>"</td><td>240'</td><td>260'</td><td>" Mch</td><td></td><td>X</td></tr><tr><td>"</td><td>260'</td><td>325'</td><td>" Mch</td><td></td><td>X</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	6"	65'	120'	Granite cft.		X	"	120'	180'	" Mch		X	"	180'	240'	" Mch		X	"	240'	260'	" Mch		X	"	260'	325'	" Mch		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		101552 RECEIVED NOV 04 1991 NORTHERN REGION IDWR SCANNED JAN 3 7 2016																																									
5. WELL CONSTRUCTION Casing schedule: ☐ Steel ☐ Concrete ☐ Other <u>PVC</u> <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>1 1/2</u> inches</td><td></td><td><u>305</u> feet</td><td><u>325</u> feet</td></tr><tr><td>_____ inches</td><td></td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td></td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td></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 ☐ Gun Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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 _____ 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>1 1/2</u> inches		<u>305</u> feet	<u>325</u> feet	_____ inches		_____ feet	_____ feet	_____ inches		_____ feet	_____ feet	_____ inches		_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ 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><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td>X</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>S</td></tr></table> County <u>Kootenai</u> Subdivision Name _____ Lot No. _____ Block No. _____ NW 1/4 <u>SE</u> 1/4 Sec. <u>21</u> , T. <u>64</u> S. R. <u>3</u> W. <u>4</u>		N										W		X		E										S	10. Work started <u>10-30-91</u> finished <u>10-30-91</u>																
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11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>H2O Well Service</u> Firm No. <u>448</u> Address <u>Athol Id</u> Date <u>10-31-91</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>Matt Hammons</u>																																											