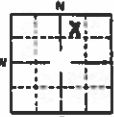


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>RON ZIRKLE</u> Address <u>1141 CAYUSE CIRCLE S.E. Salem OREGON</u> Drilling Permit No. <u>95-92-N-177</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>39</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 <u>GOOD</u> Describe artesian or temperature zones below.																																			
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ 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>35-40</u></td><td><u>48</u></td><td><u>1</u></td></tr><tr><td><u>ESTIMATED</u></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>35-40</u>	<u>48</u>	<u>1</u>	<u>ESTIMATED</u>																											
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <u>081718</u> <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>16</td><td>BROKEN BASALT</td><td></td><td>X</td></tr><tr><td></td><td>16</td><td>29</td><td>CLAY TAN</td><td></td><td>X</td></tr><tr><td>6"</td><td>29</td><td>57</td><td>BROKEN BASALT & GRAVEL</td><td>X</td><td></td></tr><tr><td></td><td>57</td><td>60</td><td>HARD BASALT</td><td></td><td>X</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	16	BROKEN BASALT		X		16	29	CLAY TAN		X	6"	29	57	BROKEN BASALT & GRAVEL	X			57	60	HARD BASALT		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)		RECEIVED SEP 28 1992 NORTHERN REGION TOWN RECEIVED OCT 23 1992 Department of Water Resources DEC 04 1992																																			
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>.25</u> inches <u>6</u> inches + <u>1</u> feet <u>57</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet 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 Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ 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>22</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding 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 <u>N/A</u>																																					
6. LOCATION OF WELL <u>one mile Past Carlin Bay</u> Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> NW ¼ NE ¼ Sec. <u>1</u> , T. <u>48N</u> S ☐ R. <u>4W</u> W ☐		10. Work started <u>8-29-92</u> finished <u>8-30-92</u>																																			
11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>UNITED DRILLING INC</u> AIA Address <u>P.O. BOX 1690</u> Date <u>9-9-92</u> <u>HAYDEN, ID 83415</u> Signed by Drilling Supervisor <u>[Signature]</u> and (Operator) _____ (If different than the Drilling Supervisor)																																					

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

