

USE TYPEWRITER
BALL POINT PEN

State of Idaho
Department of Water Administration

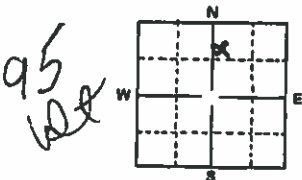
WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

RECEIVED

APR 04 2016

IDWR NORTH

1. WELL OWNER Name <u>DARRELL G. & CARMELITA M. MARTIN</u> Address <u>ROUTE 2 BOX 52 HARRISON, IDAHO 83633</u> Owner's Permit No. <u>95-73-N-9</u>		7. WATER LEVEL Static water level <u>50</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>60.0</u> ° F. Quality <u>GOOD</u> Artesian closed-in pressure _____ 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>NR</u> Discharge G.P.M. <u>25</u> Draw Down _____ Hours Pumped <u>2 HRS</u>																																																					
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock		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>8</td><td>0</td><td>19</td><td>CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>19</td><td>34</td><td>BROKEN BASALT</td><td></td><td>X</td></tr><tr><td>8</td><td>34</td><td>46</td><td>CLAY CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>46</td><td>52</td><td>BROKEN BASALT W/CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>52</td><td>58</td><td>BROKEN BASALT</td><td>X</td><td></td></tr><tr><td>8</td><td>58</td><td>145</td><td>BASALT W/SEAM 3</td><td>X</td><td></td></tr><tr><td>6</td><td>145</td><td>152</td><td>BROKEN BASALT</td><td>X</td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	19	CLAY		X	8	19	34	BROKEN BASALT		X	8	34	46	CLAY CLAY		X	8	46	52	BROKEN BASALT W/CLAY		X	8	52	58	BROKEN BASALT	X		8	58	145	BASALT W/SEAM 3	X		6	145	152	BROKEN BASALT	X	
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																							
5. WELL CONSTRUCTION Diameter of hole <u>8</u> inches Total depth <u>152</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness Diameter From To <u>2.50</u> inches <u>6</u> inches <u>1</u> feet <u>108</u> feet <u>PVC</u> inches <u>4</u> inches <u>92</u> feet <u>152</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch Size of perforation <u>9/16</u> inches by <u>9/16</u> inches Number _____ From _____ To _____ <u>160</u> perforations <u>45</u> feet <u>65</u> feet <u>140</u> perforations <u>90</u> feet <u>105</u> 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? ☒ Yes ☐ No To what depth <u>20</u> feet Material used in seal ☐ Cement grout ☐ Puddling clay																																																							
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>KOOTENAI</u> <u>NW 1/4 NE 1/4 Sec. 13, T. 4N, R. 4E</u>		10. Work started <u>8-28-73</u> finished <u>8-29-73</u>																																																					
		11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. <u>Associated Well Drillers, Inc.</u> 345 Driller's or Firm's Name Number <u>P.O. Box 723 Carey, Idaho 83814</u> Address <u>Richard Berman</u> 9-1-73 Signed By Date																																																					

USE ADDITIONAL SHEETS IF NECESSARY

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

SCANNED
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