

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**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.USE TYPEWRITER OR  
BALLPOINT PENRECEIVED  
OCT 25 1983

| <b>1. WELL OWNER</b><br>Name <u>Bob C. PARKS</u><br>Address <u>E 7435 Sunnyside Rd. CDA</u><br>Owner's Permit No. <u>95-83-N-58 83814</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7. WATER LEVEL</b><br>Static water level <u>100</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>cold</u> OF. Quality <u>Good</u><br>Describe artesian or temperature zones below.                                                                                                                                                             |                  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|--------------|--------------------|-----------------|---------------|----------------|----------------------|-----------------|----------------|-----------------|-------------------------------------------------------------------|----------|-----------------|------------------------|-----------------|-----------------|------------------------|-----------------|--------------------|--|----------|----------|-----------|------------|--------------|----------|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Baller <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><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>4</u></td><td><u>-</u></td><td><u>1</u></td></tr></tbody></table>                                                                                                                                                                                                                                          | Discharge G.P.M. | Pumping Level      | Hours Pumped | <u>4</u>           | <u>-</u>        | <u>1</u>      |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Hours Pumped     |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>1</u>         |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>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><u>8</u></td><td><u>0</u></td><td><u>2</u></td><td><u>Top Soil</u></td><td></td><td><u>X</u></td></tr><tr><td><u>2</u></td><td><u>2</u></td><td><u>78</u></td><td><u>Shale (Med)</u></td><td></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>78</u></td><td><u>235</u></td><td><u>Shale</u></td><td><u>X</u></td><td></td></tr></tbody></table> | Bore<br>Diam.    | Depth              |              | Material           | Water           |               | From           | To                   | Yes             | No             | <u>8</u>        | <u>0</u>                                                          | <u>2</u> | <u>Top Soil</u> |                        | <u>X</u>        | <u>2</u>        | <u>2</u>               | <u>78</u>       | <u>Shale (Med)</u> |  | <u>X</u> | <u>6</u> | <u>78</u> | <u>235</u> | <u>Shale</u> | <u>X</u> |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Material           | Water        |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | To               |                    | Yes          | No                 |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>2</u>         | <u>Top Soil</u>    |              | <u>X</u>           |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>78</u>        | <u>Shale (Med)</u> |              | <u>X</u>           |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>78</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>235</u>       | <u>Shale</u>       | <u>X</u>     |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>3.50</u> inches</td><td><u>6</u> inches</td><td><u>2</u> feet</td><td><u>78</u> feet</td></tr><tr><td><u>4" PVC</u> inches</td><td><u>4</u> inches</td><td><u>65</u> feet</td><td><u>235</u> feet</td></tr></tbody></table><br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br>Size of perforation <u>1/4</u> inches by <u>4</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>20</u> perforations</td><td><u>185</u> feet</td><td><u>205</u> feet</td></tr><tr><td><u>20</u> perforations</td><td><u>145</u> feet</td><td><u>165</u> feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>78</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay <input type="checkbox"/> Cuttings<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diameter         | From               | To           | <u>3.50</u> inches | <u>6</u> inches | <u>2</u> feet | <u>78</u> feet | <u>4" PVC</u> inches | <u>4</u> inches | <u>65</u> feet | <u>235</u> feet | Number                                                            | From     | To              | <u>20</u> perforations | <u>185</u> feet | <u>205</u> feet | <u>20</u> perforations | <u>145</u> feet | <u>165</u> feet    |  |          |          |           |            |              |          |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From             | To                 |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>3.50</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>2</u> feet    | <u>78</u> feet     |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>4" PVC</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>4</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>65</u> feet   | <u>235</u> feet    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | To               |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>20</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>185</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>205</u> feet  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <u>20</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>145</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>165</u> feet  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td>X</td><td>E</td></tr><tr><td>S</td><td></td><td></td><td></td></tr></table><br>County <u>Kootenai</u><br><u>NW 1/4 SE 1/4 Sec. 27, T. 50 N, R. 3 E</u><br>Subdivision Name <u>MICKUNAILED</u><br>Lot No. _____ Block No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                    |              | W                  |                 | X             | E              | S                    |                 |                |                 | <b>10.</b><br>Work started <u>10/3/83</u> finished <u>10/3/83</u> |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X                | E                  |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>11. DRILLERS CERTIFICATION</b> <u>de de</u><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Associated Well</u><br>Firm Name <u>Drillers Inc</u> Firm No. <u>245</u><br>Address <u>Box 223 C.D.A.</u> Date <u>10/3/83</u><br>Signed by (Firm Official) <u>Robert 7 Regis</u><br>and<br>(Operator) _____                                                                                                                                                                                                                       |                  |                    |              |                    |                 |               |                |                      |                 |                |                 |                                                                   |          |                 |                        |                 |                 |                        |                 |                    |  |          |          |           |            |              |          |  |