

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 2 1975

1. WELL OWNER Name <u>BERNARD A. CAMPBELL</u> Address <u>ROUTE 3 BOYSDALE CORCORAN, IDAHO</u> Owner's Permit No. <u>95-73-N-28</u>	7. WATER LEVEL Static water level <u>35</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>AIR</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>15</u></td> <td><u>---</u></td> <td><u>13</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Discharge G.P.M.	Draw Down	Hours Pumped	<u>15</u>	<u>---</u>	<u>13</u>																																																																																								
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5. WELL CONSTRUCTION Diameter of hole <u>8</u> inches Total depth <u>250</u> feet Casing schedule: ☐ Steel ☐ Concrete <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> foot</td> <td><u>190</u> feet</td> </tr> <tr> <td><u>PVC</u> inches</td> <td><u>4</u> inches</td> <td><u>170</u> feet</td> <td><u>250</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch Size of perforation <u>5/16</u> inches by <u>2 1/2</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>10</u> perforations</td> <td><u>170</u> feet</td> <td><u>183</u> feet</td> </tr> <tr> <td><u>160</u> perforations</td> <td><u>230</u> feet</td> <td><u>249</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </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? ☒ Yes ☐ No To what depth <u>20</u> feet Material used in seal ☐ Cement grout ☒ Puddling clay	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> foot	<u>190</u> feet	<u>PVC</u> inches	<u>4</u> inches	<u>170</u> feet	<u>250</u> feet																	Number	From	To	<u>10</u> perforations	<u>170</u> feet	<u>183</u> feet	<u>160</u> perforations	<u>230</u> feet	<u>249</u> feet																																																										
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6. LOCATION OF WELL Sketch map location must agree with written location. County <u>KOOTENAI</u> <u>NE 1/4 NW 1/4 Sec. 31 T. 50 N. R. 2 E. W.</u>	10. Work started <u>8-16-73</u> Finished <u>8-20-73</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> <u>245</u> Driller's or Firm's Name Number <u>PO Box 723 CORCORAN, IDAHO 83841</u> Address <u>Richard Brown</u> <u>8-21-73</u> Signed By Date																																																																																														