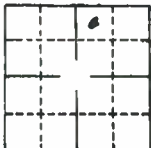


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE REWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>LEONARD W. MASON</u> Address <u>P.O. Box 357, 234 LINE AVE, DONAH WA.</u> Owner's Permit No. <u>95-89-N-8</u>		7. WATER LEVEL Static water level <u>30</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 ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____																																															
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		<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>3-4 GPM</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>3-4 GPM</u>																																										
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>10</td><td>0</td><td>1</td><td>TOPSOIL</td><td></td><td>X</td></tr><tr><td>10/8</td><td>1</td><td>30</td><td>BRY. CLAY - FIRM</td><td></td><td>X</td></tr><tr><td>8</td><td>30</td><td>110</td><td>VERY ACIDIC GRANITE</td><td></td><td>X</td></tr><tr><td>8 1/8</td><td>110</td><td>150</td><td>MIDAMP. GRANITE, MED. FRAC</td><td>X</td><td></td></tr><tr><td>6</td><td>150</td><td>210</td><td>GRANITE - VERY HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>210</td><td>440</td><td>GRANITE - HARD, SOFTER AREAS</td><td></td><td>X</td></tr></tbody></table> <u>WELL TO FLARING WALLS AND SOFT AREAS WELL MAY NEED PVC LINER AND/OR CASING - REFUSED AT TIME OF DRILLING</u> MAY 17 1989 Department of Water Resources RECEIVED MAY 31 1989 RECEIVED MAY 19 1989 NORTHERN REGION IDWR		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10	0	1	TOPSOIL		X	10/8	1	30	BRY. CLAY - FIRM		X	8	30	110	VERY ACIDIC GRANITE		X	8 1/8	110	150	MIDAMP. GRANITE, MED. FRAC	X		6	150	210	GRANITE - VERY HARD		X	6	210	440	GRANITE - HARD, SOFTER AREAS		X
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5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ 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 depth <u>20'</u> Material used in seal: ☐ Cement ☒ 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>1/4" OPENING</u>		10. Work started <u>5/10</u> finished <u>5/12/89</u>																																															
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> <u>NW</u> 1/4 <u>NE</u> 1/4 Sec. <u>35</u> , T. <u>52</u> N, R. <u>3</u> E		11. DRILLERS CERTIFICATION We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>S & J Drilling Inc.</u> Firm No. <u>319</u> Address <u>55613 LINKER RD.</u> Date <u>5/14/89</u> <u>GREENACRES WA.</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																															

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

SCANNED
SEP 18 2017