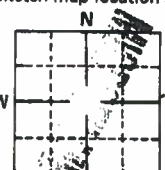


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

98.

1. WELL OWNER Name <u>POWDER HORN LANDSCAPE CO</u> Address <u>HARRISON IDAHO</u> Owner's Permit No. <u>95-82-N-71-300</u>		7. WATER LEVEL Static water level <u>250</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 _____																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☒ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>200</u></td><td><u>12-65</u></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>200</u>	<u>12-65</u>																																															
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		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>0</td><td>0</td><td>99</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>0</td><td>99</td><td>133</td><td>BROWN BASALT</td><td>X</td><td></td></tr><tr><td>6</td><td>133</td><td>242</td><td>MED. BASALT</td><td></td><td>X</td></tr><tr><td></td><td>242</td><td>280</td><td>BROWN SHALE (CLAY)</td><td></td><td>X</td></tr><tr><td></td><td>280</td><td>400</td><td>BROWN SLATE</td><td>X</td><td>X</td></tr><tr><td></td><td>400</td><td>580</td><td>MED SLATE OCCASIONAL S.F. SPOTS</td><td>X</td><td></td></tr><tr><td></td><td>580</td><td>755</td><td>MED GRANITE</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	0	0	99	BROWN CLAY		X	0	99	133	BROWN BASALT	X		6	133	242	MED. BASALT		X		242	280	BROWN SHALE (CLAY)		X		280	400	BROWN SLATE	X	X		400	580	MED SLATE OCCASIONAL S.F. SPOTS	X			580	755	MED GRANITE		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																																							
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches + _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☐ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch 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 grout ☒ Puddling clay ☒ Well cuttings 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 _____																																																							
6. LOCATION OF WELL ✓ Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>BOYER</u> <u>SE 1/4 SW 1/4 Sec. 24, T. 46 N. R. 4 E.</u>		10. Work started <u>8/18/82</u> finished <u>9/1/82</u>																																																					
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>ARMA ENTERPRISES INC.</u> Firm No. <u>163</u> Address <u>2021 1499 CEDAR AVE</u> Date <u>9/1/82</u> Signed by (Firm Official) <u>Robert M. Brown</u> and (Operator) <u>Robert M. Brown</u>																																																							

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