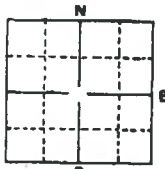


USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT **3**

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.

1. WELL OWNER Name <u>Bill Knott</u> Address <u>North 9417 Dorsett, Spokane, Wa. 99208</u> Owner's Permit No. <u>95-77-N-11</u>		7. WATER LEVEL Static water level <u>20</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ 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 Discharge G.P.M. Draw Down Hours Pumped <u>7 GPM</u> <u>Est.</u> <u>Air lift</u>																																	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		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 rowspan="2">Water Yes/No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>6"</td><td>0</td><td>18</td><td>BOULDERS & BROWN CLAY</td><td>X</td></tr><tr><td></td><td>18</td><td>26</td><td>BROWN CLAY</td><td>X</td></tr><tr><td></td><td>26</td><td>35</td><td>BROKEN BASALT</td><td>X</td></tr><tr><td></td><td>35</td><td>42</td><td>YELLOW CLAY</td><td>X</td></tr><tr><td></td><td>42</td><td>80</td><td>BROKEN BASALT & BROWN CLAY</td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water Yes/No	From	To	6"	0	18	BOULDERS & BROWN CLAY	X		18	26	BROWN CLAY	X		26	35	BROKEN BASALT	X		35	42	YELLOW CLAY	X		42	80	BROKEN BASALT & BROWN CLAY	X
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		SCANNED FEB 21 2017																																	
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>80</u> feet Casing schedule: ☐ Steel ☐ Concrete Thickness Diameter From To <u>3/4</u> inches <u>6</u> inches + <u>1</u> feet <u>6.5</u> feet _____ inches _____ 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>30'</u> Material used in seal ☐ Cement grout Bentonite ☐ Pudding clay ☐ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☐ Overbore to seal depth																																			
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. <u>1</u> Block No. _____ County <u>Kootenai</u> <u>SW</u> <u>NE</u> <u>SE</u> <u>SW</u> Sec. <u>19</u> T. <u>48</u> N. R. <u>4</u> W.																																			
10. Work started <u>XXXXXX</u> 5-13 finished 5-14-77																																			
11. DRILLERS CERTIFICATION Firm Name <u>CARMAN DEVELOPMENT CO.</u> Firm No. _____ Address <u>E. 6010 Broadway, Spokane, Wa. 99208</u> 5-19-77 Signed by (Firm Official) <u>John Carman</u> and (Operator) <u>John Carman</u>																																			

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT