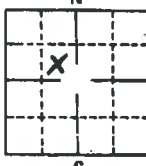


**State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.**

| <p><b>1. WELL OWNER</b></p> <p>Name <u>JAMES MCGIVERN</u></p> <p>Address <u>M.P. 059R SHKAMANIA LANDING RD</u><br/> <u>SKAMANIA, WA 98648</u>    <u>95-91-N-102</u></p> <p>Drilling Permit No. _____</p> <p>Water Right Permit No. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>30</u> feet below land surface.</p> <p>Flowing? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   G.P.M. flow <u>5</u></p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by:   <input type="checkbox"/> Valve   <input type="checkbox"/> Cap   <input type="checkbox"/> Plug</p> <p>Temperature <u>COLD</u> °F. Quality <u>GOOD &amp; CLEAR</u></p> <p><small>Describe artesian or temperature zones below.</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                 |              |                    |                 |                   |                               |              |              |                   |                     |              |              |                    |                      |                   |                 |                     |                     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well   <input type="checkbox"/> Deepened   <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump   <input type="checkbox"/> Bailer   <input checked="" type="checkbox"/> Air   <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td align="center"><u>5</u></td> <td align="center"><u>103</u></td> <td align="center"><u>1</u></td> </tr> <tr><td> </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>5</u>           | <u>103</u>      | <u>1</u>          |                               |              |              |                   |                     |              |              |                    |                      |                   |                 |                     |                     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p><b>3. PROPOSED USE</b></p> <p><input checked="" type="checkbox"/> Domestic   <input type="checkbox"/> Irrigation   <input type="checkbox"/> Test   <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial   <input type="checkbox"/> Stock   <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From To</th> <th>Material</th> <th>Water Yes No</th> </tr> </thead> <tbody> <tr> <td align="center"><u>8</u></td> <td align="center"><u>0</u> <u>4</u></td> <td><u>FILL CLAY &amp; BASALT</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td> </td> <td align="center"><u>4</u> <u>9</u></td> <td><u>CLAY (BROWN)</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td> </td> <td align="center"><u>9</u> <u>10</u></td> <td><u>BROKEN BASALT</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td> </td> <td align="center"><u>10</u> <u>26</u></td> <td><u>CLAY (BROWN)</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td> </td> <td align="center"><u>26</u> <u>39</u></td> <td><u>CLAY (GRAY)</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td> </td> <td align="center"><u>39</u> <u>63</u></td> <td><u>CLAY (BROWN)</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td align="center"><u>6</u></td> <td align="center"><u>63</u> <u>102</u></td> <td><u>BROKEN BASALT &amp; CLAY</u></td> <td align="center"><u>X</u></td> </tr> <tr> <td> </td> <td align="center"><u>102</u> <u>105</u></td> <td><u>BASALT</u></td> <td align="center"><u>X</u></td> </tr> </tbody> </table><br><p align="center"><b>SET PUMP AT 100'</b></p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p align="center">JUL 22 1991</p> <p align="center">Department of Water Resources</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div align="center">JUL 9 1991</div> <div align="center" style="font-size: 0.8em;">NORTHWEST REGION<br/>IDWR</div> </div> <div style="position: absolute; right: -50px; top: 50%; transform: translateY(-50%); color: red; font-weight: bold; font-size: 1.5em;">SCA<br/>JAN 0</div> | Bore Diam.                      | Depth From To   | Material     | Water Yes No       | <u>8</u>        | <u>0</u> <u>4</u> | <u>FILL CLAY &amp; BASALT</u> | <u>X</u>     |              | <u>4</u> <u>9</u> | <u>CLAY (BROWN)</u> | <u>X</u>     |              | <u>9</u> <u>10</u> | <u>BROKEN BASALT</u> | <u>X</u>          |                 | <u>10</u> <u>26</u> | <u>CLAY (BROWN)</u> | <u>X</u> |  | <u>26</u> <u>39</u> | <u>CLAY (GRAY)</u> | <u>X</u> |  | <u>39</u> <u>63</u> | <u>CLAY (BROWN)</u> | <u>X</u> | <u>6</u> | <u>63</u> <u>102</u> | <u>BROKEN BASALT &amp; CLAY</u> | <u>X</u> |  | <u>102</u> <u>105</u> | <u>BASALT</u> | <u>X</u> |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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BASALT</u>   | <u>X</u>        |              |                    |                 |                   |                               |              |              |                   |                     |              |              |                    |                      |                   |                 |                     |                     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
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| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>63</u> <u>102</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>BROKEN BASALT &amp; CLAY</u> | <u>X</u>        |              |                    |                 |                   |                               |              |              |                   |                     |              |              |                    |                      |                   |                 |                     |                     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
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| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary   <input checked="" type="checkbox"/> Air   <input type="checkbox"/> Hydraulic   <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable   <input type="checkbox"/> Dug   <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel   <input type="checkbox"/> Concrete   <input type="checkbox"/> Other _____</p> <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>+2</u> feet</td> <td><u>78</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td><u>PVC</u> inches</td> <td><u>4</u> inches</td> <td><u>55</u> feet</td> <td><u>105</u> feet</td> </tr> </tbody> </table> <p>Was casing-drive shoe used?   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Was a packer or seal used?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Perforated?   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>How perforated?   <input type="checkbox"/> Factory   <input checked="" type="checkbox"/> Knife   <input type="checkbox"/> Torch   <input type="checkbox"/> Gun</p> <p>Size of perforation <u>1/8</u> inches by <u>1/2</u> inches casing <u>109</u></p> <p align="center"><small>Number From To</small></p> <p><u>90</u> perforations <u>64</u> feet <u>80</u> feet</p> <p>_____ perforations _____ feet _____ feet</p> <p><u>PVC</u> <u>70</u> perforations <u>75</u> feet <u>105</u> feet</p> <p>Well screen installed?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>63</u> Material used In seal:   <input type="checkbox"/> Cement grout</p> <p>                                <input checked="" type="checkbox"/> Bentonite   <input type="checkbox"/> Puddling clay   <input type="checkbox"/> _____</p> <p>Sealing procedure used:   <input type="checkbox"/> Slurry pit   <input type="checkbox"/> Temp. surface casing</p> <p>                                                    <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing:   <input type="checkbox"/> Threaded   <input checked="" type="checkbox"/> Welded   <input type="checkbox"/> Solvent Weld</p> <p align="center"><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Diameter                        | From            | To           | <u>.250</u> inches | <u>6</u> inches | <u>+2</u> feet    | <u>78</u> feet                | _____ inches | _____ inches | _____ feet        | _____ feet          | _____ inches | _____ inches | _____ feet         | _____ feet           | <u>PVC</u> inches | <u>4</u> inches | <u>55</u> feet      | <u>105</u> feet     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <u>.250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <u>PVC</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|                     |              |              |                    |                      |                   |                 |                     |                     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location:</p>  <p align="center">Subdivision Name <u>                                </u></p> <p align="center">Lot No. _____ Block No. _____</p> <p align="center">County <u>KOOTENAI</u></p> <p align="center">SE ¼ NW ¼ Sec. <u>17</u>, T.48N S 0 R. 4W W 0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>10.</b></p> <p>Work started <u>7/2/91</u> finished <u>7/3/91</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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 |                   |                 |                     |                     |          |  |                     |                    |          |  |                     |                     |          |          |                      |                                 |          |  |                       |               |          |
| <p><b>11. DRILLERS CERTIFICATION</b> <u>ee</u></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>UNITED DRILLING INC.</u> Phone No. <u>414</u></p> <p>Address <u>P.O. BOX 2499</u> Date <u>7/8/91</u><br/> <u>CDA, ID 83814</u></p> <p>Signed by (Firm Official) <u>Eldon R. Volker</u><br/> and <u>Bruce A. Thornton</u><br/> (Operator)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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**USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT**