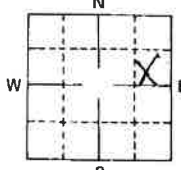


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>LEO C. MILLER</u> Address <u>UICLA</u> Owner's Permit No. <u>87-90-N-15</u>		7. WATER LEVEL Static water level <u>28'</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 _____ OF. Quality _____ <i>Describe artesian or temperature zones below</i>																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>20 GPM AIR TEST</u>																																									
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">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>8</td><td>0</td><td>19</td><td>CLAY - TAN</td><td></td><td></td></tr><tr><td>19</td><td>19</td><td>34</td><td>GRANITE - CLAMP. - BLK/WH</td><td></td><td></td></tr><tr><td>34</td><td>34</td><td>78</td><td>" - MED. - "</td><td></td><td></td></tr><tr><td>78</td><td>78</td><td>124</td><td>" - FINE - "</td><td></td><td></td></tr><tr><td>124</td><td>124</td><td>130</td><td>" - MED. - "</td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	19	CLAY - TAN			19	19	34	GRANITE - CLAMP. - BLK/WH			34	34	78	" - MED. - "			78	78	124	" - FINE - "			124	124	130	" - MED. - "		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☒ Other <u>PLASTIC</u> Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>8</u> inches + <u>1</u> feet <u>43</u> feet <u>250</u> inches <u>6</u> inches <u>30</u> feet <u>130</u> 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 ☒ SAW Size of perforation, <u>4/16</u> inches by <u>12</u> inches Number _____ From _____ To _____ <u>30</u> perforations <u>110</u> feet <u>130</u> 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>43'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling 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 _____																																											
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>LATAH</u> <u>SE 1/4 NE 1/4 Sec. 4 T. 40 N. R. 5 W. 2 E.</u>		10. Work started <u>7-27-90</u> finished <u>7-28-90</u>																																									
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. MCPHERSON & WRIGHT DRILLING Firm No. <u>326</u> 2246 Burnett Laurelton, Idaho 83801 Address _____ Date _____ Signed by (Firm Official) <u>Rae McPherson</u> and (Operator) <u>Geel Reigher</u>																																											