

IDAHO DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

| Office Use Only |     |       |   |
|-----------------|-----|-------|---|
| Well ID No.     |     |       |   |
| Inspected by    |     |       |   |
| Twp             | Rge | Sec   |   |
| 1/4             | 1/4 | 1/4   |   |
| Lat:            | :   | Long: | : |

1. WELL TAG NO. D 00 450P7  
 DRILLING PERMIT NO. 841236  
 Water Right or Injection Well No. \_\_\_\_\_

2. OWNER:  
 Name Scott Kromer  
 Address 6249 Old Olympic Hwy  
 City Olympia State WA Zip 98521

3. LOCATION OF WELL by legal description:  
 You must provide address or Lot, Blk, Sub. or Directions to well.  
 Twp. 42 North ☒ or South ☐  
 Rge. 4 East ☐ or West ☒  
 Sec. 32 NW 1/4 or NE 1/4  
 Gov't Lot \_\_\_\_\_ County LATAH  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
 Address of Well Site Allen Lane City Pat Latah  
 (Give at least name of road + Distance to Road or Landmark)  
 Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

4. USE:  
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

5. TYPE OF WORK check all that apply (Replacement etc.)  
☒ New Well ☐ Modify ☐ Abandonment ☐ Other \_\_\_\_\_

6. DRILL METHOD:  
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other \_\_\_\_\_

7. SEALING PROCEDURES

| Seal Material    | From     | To        | Weight / Volume | Seal Placement Method |
|------------------|----------|-----------|-----------------|-----------------------|
| <u>Bentonite</u> | <u>0</u> | <u>12</u> | <u>400#</u>     | <u>Top Pour</u>       |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 178'  
 Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

| Diameter      | From         | To           | Gauge      | Material     | Casing                              | Liner                               | Welded                              | Threaded                 |
|---------------|--------------|--------------|------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <u>6"</u>     | <u>+2</u>    | <u>-178'</u> | <u>260</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>4 1/2"</u> | <u>-178'</u> | <u>-325'</u> | <u>160</u> | <u>PVC</u>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_  
 Packer ☐ Y ☐ N Type \_\_\_\_\_

9. PERFORATIONS/SCREENS PACKER TYPE  
 Perforation Method SAW  
 Screen Type & Method of Installation \_\_\_\_\_

| From         | To           | Slot Size   | Number    | Diameter      | Material   | Casing                   | Liner                    |
|--------------|--------------|-------------|-----------|---------------|------------|--------------------------|--------------------------|
| <u>-178'</u> | <u>-325'</u> | <u>1/4"</u> | <u>42</u> | <u>4 1/2"</u> | <u>PVC</u> | <input type="checkbox"/> | <input type="checkbox"/> |

10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
|                 |      |    |                 |                  |

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:  
40 ft. below ground Artesian pressure   lb.  
 Depth flow encountered   ft. Describe access port or control devices: Top of casing  
42N 4W 32

12. WELL TESTS:

| Yield gal./min. | Drawdown | Pumping Level | Time       |
|-----------------|----------|---------------|------------|
| <u>35</u>       |          |               | <u>1.5</u> |

Water Temp. 56° Bottom hole temp. \_\_\_\_\_  
 Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water  
 Depth first Water Encounter 215'

| Bore Dia.  | From       | To         | Remarks: Lithology, Water Quality & Temperature | Y         | N                                   |
|------------|------------|------------|-------------------------------------------------|-----------|-------------------------------------|
| <u>10"</u> | <u>0</u>   | <u>14</u>  | <u>Clay</u>                                     |           | <input checked="" type="checkbox"/> |
| <u>10"</u> | <u>14</u>  | <u>18</u>  | <u>Blk. Blt</u>                                 |           | <input checked="" type="checkbox"/> |
| <u>6"</u>  | <u>18</u>  | <u>68</u>  | <u>" "</u>                                      |           | <input checked="" type="checkbox"/> |
| <u>6"</u>  | <u>68</u>  | <u>180</u> | <u>Sandy Clay</u>                               |           | <input checked="" type="checkbox"/> |
| <u>6"</u>  | <u>180</u> | <u>295</u> | <u>Med Hd Granite</u>                           |           | <input checked="" type="checkbox"/> |
| <u>6"</u>  | <u>295</u> | <u>325</u> | <u>Fine Granite &amp; Quartz</u>                | <u>35</u> |                                     |

RECEIVED  
 AUG 17 2006  
 IDWR/North

SCANNED  
 MAR 03 2020

Completed Depth 325 (Measurable)  
 Date: Started 8-4-06 Completed 8-5-06

14. DRILLER'S CERTIFICATION  
 We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name UHLERKOTT DRILLING Firm No. 125  
 Principal Driller [Signature] Date 8-13-06  
 and \_\_\_\_\_ Date \_\_\_\_\_  
 Driller or Operator II \_\_\_\_\_ Date \_\_\_\_\_  
 Operator I \_\_\_\_\_ Date \_\_\_\_\_

Principal Driller and Rig Operator Required.  
 Operator I must have signature of Driller/Operator II.