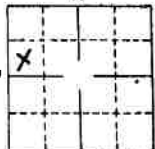


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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>ART FLODIN</u> Address <u>RT 2 BOX 161C GENESSE, IDAHO</u> Owner's Permit No. <u>87-84-N-7</u>	7. WATER LEVEL Static water level <u>79</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow <u>16</u> Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>62</u> °F. Quality <u>Good</u> Describe artesian or temperature zones below.																																																																								
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <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><u>16</u></td><td><u>160</u></td><td><u>2</u></td></tr><tr><td><u>16</u></td><td><u>133</u></td><td></td></tr><tr><td><u>11</u></td><td><u>110</u></td><td></td></tr><tr><td><u>5 1/2</u></td><td><u>85</u></td><td></td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>16</u>	<u>160</u>	<u>2</u>	<u>16</u>	<u>133</u>		<u>11</u>	<u>110</u>		<u>5 1/2</u>	<u>85</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" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore 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>8"</td><td>0</td><td>3</td><td>TOP SOIL</td><td></td></tr><tr><td>8"</td><td>3</td><td>6</td><td>BROWN CLAY - STICKY</td><td></td></tr><tr><td>8"</td><td>6</td><td>20</td><td>BROWN CLAY</td><td></td></tr><tr><td>8"</td><td>20</td><td>30</td><td>BROWN CLAY - STICKY</td><td></td></tr><tr><td>8"</td><td>30</td><td>75</td><td>TAN CLAY</td><td></td></tr><tr><td>8"</td><td>75</td><td>80</td><td>HOCKEY RUSTY CLAY</td><td></td></tr><tr><td>8"</td><td>80</td><td>86</td><td>BROWN INTERBED ROCK</td><td></td></tr><tr><td>8"</td><td>86</td><td>92</td><td>BLUE BASALT W/ GREEN</td><td></td></tr><tr><td>8"</td><td>92</td><td>100</td><td>DIRTY BASALT</td><td></td></tr><tr><td>8"</td><td>100</td><td>111</td><td>BLUE BASALT</td><td></td></tr><tr><td>8"</td><td>111</td><td>125</td><td>BROWN FR. INTERBED LITTLE POROUS TAN SHELL</td><td></td></tr><tr><td>8"</td><td>125</td><td>140</td><td>BROWN & RED INTERBED</td><td></td></tr><tr><td>8"</td><td>140</td><td>160</td><td>FR. BASALT - MED. HARD</td><td></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8"	0	3	TOP SOIL		8"	3	6	BROWN CLAY - STICKY		8"	6	20	BROWN CLAY		8"	20	30	BROWN CLAY - STICKY		8"	30	75	TAN CLAY		8"	75	80	HOCKEY RUSTY CLAY		8"	80	86	BROWN INTERBED ROCK		8"	86	92	BLUE BASALT W/ GREEN		8"	92	100	DIRTY BASALT		8"	100	111	BLUE BASALT		8"	111	125	BROWN FR. INTERBED LITTLE POROUS TAN SHELL		8"	125	140	BROWN & RED INTERBED		8"	140	160	FR. BASALT - MED. HARD	
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED FEB 14 1985 Department of Water Resources RECEIVED FEB 14 1985 Department of Water Resources Northern District Office																																																																								
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="0" style="width: 100%;"><tr><td>Thickness _____ inches</td><td>Diameter <u>8 5/8</u> inches</td><td>From _____ feet</td><td>To _____ 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>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></table> 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>1/8</u> inches by <u>6</u> inches <table border="0" style="width: 100%;"><tr><td>Number _____</td><td>From _____ feet</td><td>To _____ feet</td></tr><tr><td><u>60</u> perforations</td><td><u>100</u> feet</td><td><u>160</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></table> 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>80</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☒ Pudding 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 <u>well cap</u>	Thickness _____ inches	Diameter <u>8 5/8</u> inches	From _____ feet	To _____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number _____	From _____ feet	To _____ feet	<u>60</u> perforations	<u>100</u> feet	<u>160</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																																													
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W  E S Subdivision Name _____ Lot No. _____ Block No. _____ County <u>LATAH</u> <u>NW 1/4 SW 1/4 Sec. 28 T. 38 N. R. 5 W. 8M E. 1/4</u>	11. DRILLERS CERTIFICATION 02 I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>DETRAY DRILLING</u> Firm No. <u>150</u> Address <u>1036-15th ST</u> Date <u>10/11/84</u> <u>CLARKSTON, WA 99103</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>Scott D. Tray</u>																																																																								