

## 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.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Gary D. Bishop</u><br/> <u>N.W. 1725 Hall Drive</u><br/> Address <u>Pullman, WA 98133</u></p> <p>Owner's Permit No. <u>87-87-N-12</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>10</u> feet below land surface.<br/> Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br/> Artesian closed-in pressure _____ p.s.i.<br/> Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br/> Temperature _____ °F. Quality _____<br/> Describe artesian or temperature zones below.</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<br/> <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"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td colspan="3"><b>15 GPM - ESTIMATED AIRLIFT</b></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> </table>                                                                                                                                                                                                                                                                                                                    | Discharge G.P.M. | Pumping Level                   | Hours Pumped | <b>15 GPM - ESTIMATED AIRLIFT</b> |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hours Pumped     |                                 |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| <b>15 GPM - ESTIMATED AIRLIFT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                 |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
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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<br/> <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br/> <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 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>Sandy clay &amp; decomposed granite</td> <td></td> <td></td> </tr> <tr> <td>6"</td> <td>19</td> <td>183</td> <td>Granite, soft, brown</td> <td></td> <td></td> </tr> <tr> <td>6"</td> <td>183</td> <td>238</td> <td>Granite, salt &amp; pepper, med.</td> <td></td> <td></td> </tr> <tr> <td>6"</td> <td>238</td> <td>243</td> <td>Granite, salt &amp; pepper, soft</td> <td>X</td> <td></td> </tr> </tbody> </table> <p>240' of 4" PVC Liner installed<br/> 6" Drive shoe utilized</p> | Bore Diam.       | Depth                           |              | Material                          | Water    |        | From    | To         | Yes      | No     | 8"       | 0 | 19 | Sandy clay & decomposed granite |  |  | 6" | 19 | 183 | Granite, soft, brown |      |    | 6" | 183 | 238 | Granite, salt & pepper, med. |  |  | 6" | 238 | 243 | Granite, salt & pepper, soft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X |  |  |  |   |  |  |  |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Material                        | Water        |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
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| 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 19               | Sandy clay & decomposed granite |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
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| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 238              | Granite, salt & pepper, med.    |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 243              | Granite, salt & pepper, soft    | X            |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| <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<br/> <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>10. DRILLERS CERTIFICATION</b></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>Ponderosa Drilling</u> Firm No. <u>228</u><br/> E. 6010 Broadway<br/> Address <u>Spokane, WA 99212</u> Date <u>6/22/87</u></p> <p>Signed by (Firm Official) <u>W. Scott Barratt</u><br/> and<br/> (Louie E. Hanner)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                 |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| <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>.250 inches</td> <td>6 inches</td> <td>1 feet</td> <td>19 feet</td> </tr> <tr> <td>PVC inches</td> <td>4 inches</td> <td>0 feet</td> <td>240 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/> Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br/> Size of perforation _____ inches by _____ inches</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <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> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> Manufacturer's name _____<br/> Type _____ Model No. _____<br/> Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br/> Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br/> Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br/> Placed from _____ feet to _____ feet<br/> Surface seal depth <u>19</u> Material used in seal: <input type="checkbox"/> Cement grout<br/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br/> Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br/> <input checked="" type="checkbox"/> Overbore to seal depth<br/> Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br/> <input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Diameter         | From                            | To           | .250 inches                       | 6 inches | 1 feet | 19 feet | PVC inches | 4 inches | 0 feet | 240 feet |   |    |                                 |  |  |    |    |     | Number               | From | To |    |     |     |                              |  |  |    |     |     | <p><b>11. LOCATION OF WELL</b></p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p style="text-align: center;">N</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>X</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p style="text-align: center;">S</p> </div> <div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> </div> </div> <p>County <u>Latah</u></p> <p><u>NE 1/4 NE 1/4 Sec. 26, T. 40N, R. 9W, S. 1E</u></p> |   |  |  |  | X |  |  |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | From             | To                              |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| .250 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 feet           | 19 feet                         |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
| PVC inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 feet           | 240 feet                        |              |                                   |          |        |         |            |          |        |          |   |    |                                 |  |  |    |    |     |                      |      |    |    |     |     |                              |  |  |    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |   |  |  |  |  |
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT