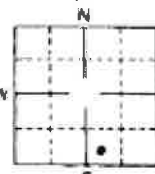




State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Brent Glover</u></p> <p>Address <u>Viola 1274 Roth Fork Rd Moscow ID 83843</u></p> <p>Owner's Permit No. <u>82-92-N-43-000</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>15</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</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 _____ °F. Quality _____</p> <p><small>Describe variation 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"/> 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 style="text-align: center;">2</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                 | Discharge G.P.M. | Pumping Level  | Hours Pumped | 2          |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hours Pumped     |                |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
| <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> <p style="text-align: right; font-weight: bold;">194791</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 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>12</td> <td>overburden</td> <td></td> </tr> <tr> <td>8</td> <td>12</td> <td>20</td> <td>Granit. flint</td> <td></td> </tr> <tr> <td>8</td> <td>20</td> <td>35</td> <td>Granit. flint</td> <td></td> </tr> <tr> <td>8</td> <td>35</td> <td>165</td> <td>Granit. flint</td> <td></td> </tr> <tr> <td>8</td> <td>165</td> <td>324</td> <td>Fract. granit.</td> <td></td> </tr> </tbody> </table> | Bore Diam.       | Depth          |              | Material   | Water Yes/No | From   | To      | 8      | 0      | 12   | overburden |        | 8      | 12   | 20   | Granit. flint |        | 8    | 20   | 35     | Granit. flint |    | 8            | 35   | 165  | Granit. flint |      | 8    | 165          | 324  | Fract. granit. |                                                                                                                                                               |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Material       | Water Yes/No |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35               | Granit. flint  |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 324              | Fract. granit. |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
| <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"/> Aug <input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>10. RECEIVED</b></p> <p style="text-align: center; font-weight: bold;">DEC 15 1992</p> <p style="text-align: center;">NORTHERN REGION<br/>IDWR</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>364 inches</td> <td>8 inches</td> <td>1 feet</td> <td>46 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> </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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>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>perforations</td> <td>feet</td> <td>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> </tbody> </table> <p>Well screens installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____ 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>40</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding 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"/> Overshore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diameter         | From           | To           | 364 inches | 8 inches     | 1 feet | 46 feet | inches | inches | feet | feet       | inches | inches | feet | feet | inches        | inches | feet | feet | Number | From          | To | perforations | feet | feet | perforations  | feet | feet | perforations | feet | feet           | <p><b>11. RECEIVED</b></p> <p style="text-align: center; font-weight: bold;">JAN 15 1993</p> <p style="text-align: center;">Department of Water Resources</p> |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | From             | To             |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
| 364 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8 inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 feet           | 46 feet        |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
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| perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | feet             |                |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |
| <p><b>6. 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="margin-left: 20px;"> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> </div> </div> <p>County <u>Latah</u></p> <p>SW 1/4 SE 1/4 Sec. 2 T. 40 S. R. 5 W. 14</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>11. 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>Witt Well Drilling</u> Firm No. <u>58</u></p> <p>Address <u>609 South Lewis</u> Date <u>Dec 11-1992</u></p> <p>Signed by (Firm Official) <u>Earl R. Witt</u></p> <p>and (Operator) <u>Roger Witt</u></p>                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                |              |            |              |        |         |        |        |      |            |        |        |      |      |               |        |      |      |        |               |    |              |      |      |               |      |      |              |      |                |                                                                                                                                                               |

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT