

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	
50N	06W	24			X			X	X	X	X	X							
								L 2			L 3								

Method of Determination:

3. ☐ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- ☒ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- ☒ Aerial Photo Attached (required for irrigation of 10+ acres).
- ☒ Photo of Diversion and System Attached

4.

<u>Well or Diversion</u> <u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge</u> <u>Size</u>
D0040028	J/K	J/K	J/K	J/K	J/K
D0040023	↓	↓	↓	↓	↓
D0040091	↓	↓	↓	↓	↓
D0040092	↓	↓	↓	↓	↓

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement</u> <u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Measurements:

E. FLOW CALCULATIONS

Measured Method:

☒ Additional Computation Sheets Attached

See Attached

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$$

2. Volume Calculations for Other Uses:

N/A

G. NARRATIVE/REMARKS/COMMENTS

THIS SYSTEM USES 4 GROUND WATER WELLS FOR MUNICIPAL USE.

Have conditions of permit approval been met? ☒ Yes ☐ No**H. RECOMMENDATIONS**

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
MUNICIPAL	01/01 to 12/31	0.170 CFS	
<u>Totals:</u>		0.170 CFS	

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other
I. AUTHENTICATIONField Examiner's Name [Signature] Date 9/5/07Reviewer [Signature] Date 9/10/07

ATTACHMENT A.1 - WELL DESIGN/CONSTRUCTION SUMMARY

FINAL WELL LOG					1ST WELL PUMP TEST				2ND WELL PUMP TEST			
WELL #	Drilled Depth	Static Water	Yield, gpm	SWL	Static Water	Draw Down	Flow, Gpm	Test Duration, Hrs	Static Water	Draw Down	Flow, Gpm	Test Duration, Hrs
1	220	100	60	60	61.25	150	20	24	60	148	20	8.5
2	250	100	15	69	74.9	116.6	7	24	70	182	7	8
3	300	50	60	10	7	78	24	24	10	65	24	7.5
4	300	100	60	56	60.5	98.4	24	24	56	109	24	8.5

95-9272

PUMP DESIGN DATA					
WELL #	WELL HEAD ELEV	Static Head (1)	Friction Loss	Design TDH	Design Flow, gpm
1	2321.55	454.45	10	464	20
2	2431.64	378.36	10	388	7
3	2449.75	243.25	10	253	24
4	2405	332	10	342	24
1 - Full Reservoir Elevation = 2627					TOTAL 75

WELL #	WELL LOG #
1	D0040028
2	D0040023
3	D0040091
4	D0040092

WELL LOG #15

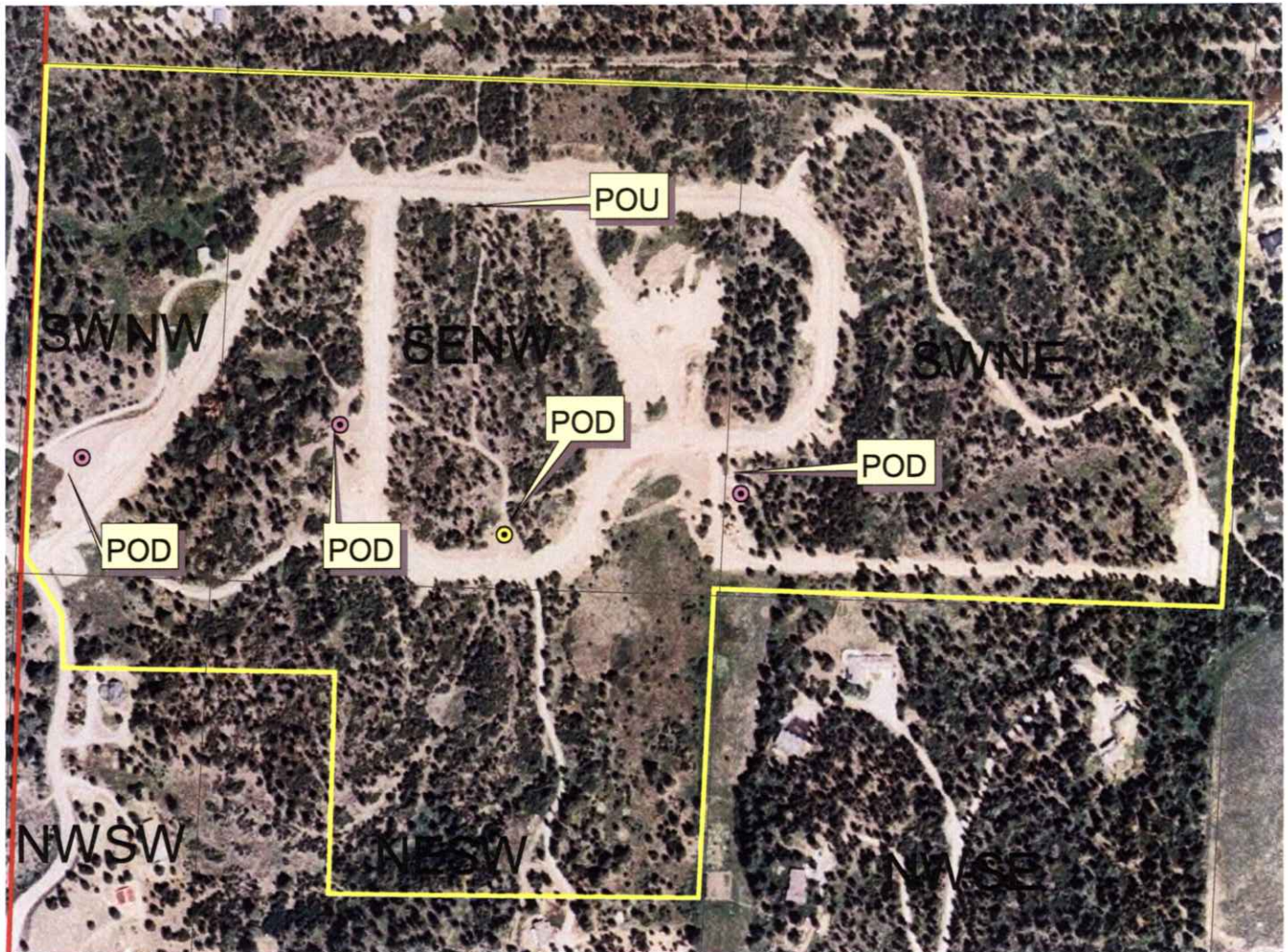
PIPE FRICTION LOSS - ALL PUMPS RUNNING				
Pt - Pt	PIPE LENGTH	Q, GPM	HL 4" PVC	Friction Head
1 to 4	1900	20	0.023	0.437
4 to 2	600	44	0.101	1.043
2 to 3	800	56	0.15	2.243
3 to Res	1700	80	0.294	7.241

0.167 cfs

(say 10-ft)

5000

95-9272



-  GCDB50N06W GCDB
-  GCDB50N05W GCDB
-  Right POD
-  Pou.shp
-  Pod.shp
-  Administrative BasinsAdminbas.shp

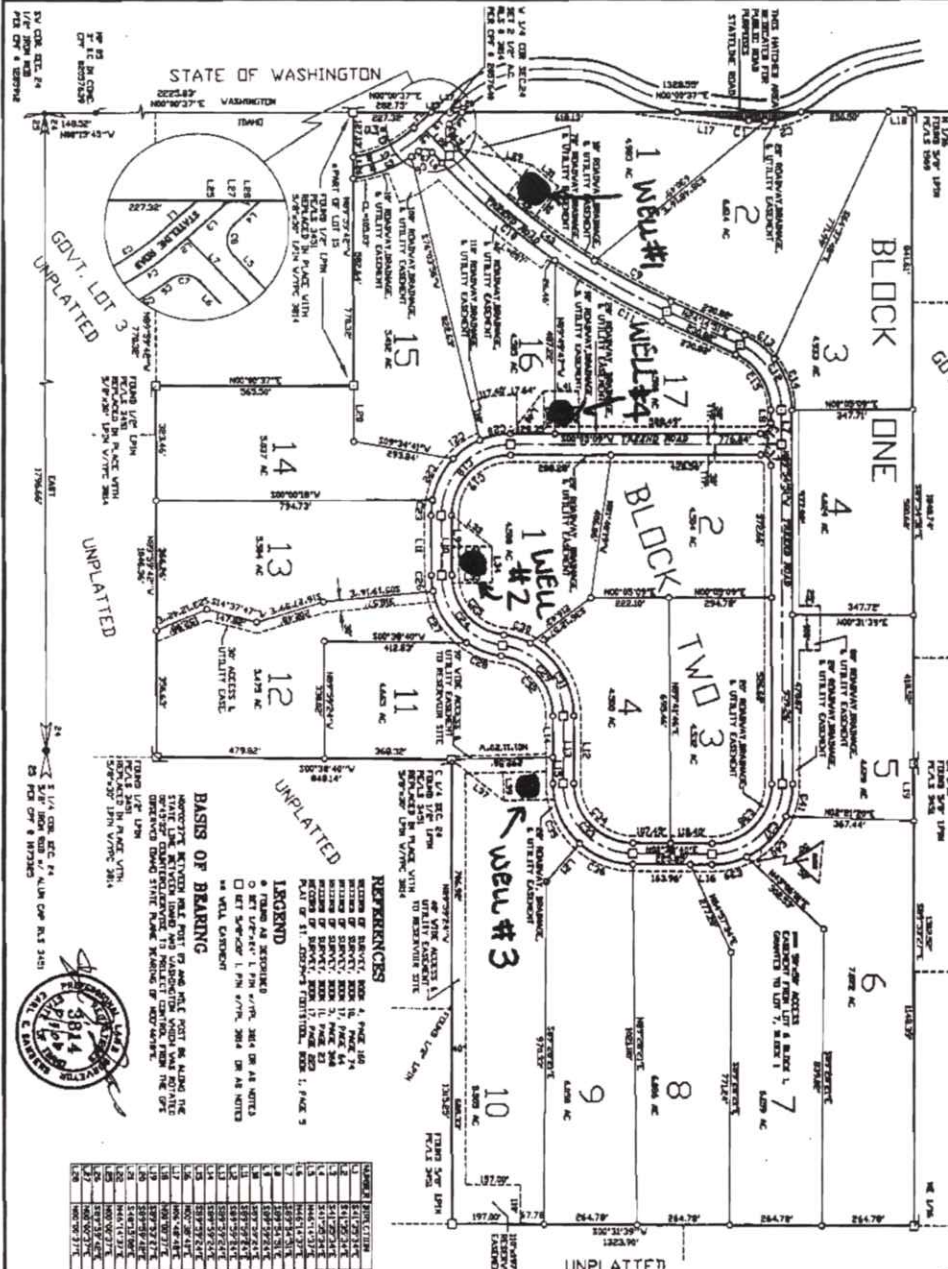


TRAILS END ESTATES

Book 5 Page 386
#2059687.000

A SUBDIVISION OF THE SOUTHWEST QUARTER NORTHEAST QUARTER, THE SOUTHEAST QUARTER SOUTHWEST QUARTER, GOV'T LOT 2, A PORTION OF GOV'T LOT 3, AND A PORTION OF THE NORTHEAST QUARTER SOUTHWEST QUARTER, SECTION 24, TOWNSHIP 50 NORTH, RANGE 6 WEST BOISE MERIDIAN, KIDDELL COUNTY, IDAHO

SCALE 1"=200'



WELL LOCATIONS

LOT	ACRES	BEARING	DISTANCE	WELL #
1	1.00	N 89° 15' 00" E	100.00	1
2	1.00	S 89° 15' 00" E	100.00	2
3	1.00	N 89° 15' 00" E	100.00	3
4	1.00	S 89° 15' 00" E	100.00	4
5	1.00	N 89° 15' 00" E	100.00	5
6	1.00	S 89° 15' 00" E	100.00	6
7	1.00	N 89° 15' 00" E	100.00	7
8	1.00	S 89° 15' 00" E	100.00	8
9	1.00	N 89° 15' 00" E	100.00	9
10	1.00	S 89° 15' 00" E	100.00	10
11	1.00	N 89° 15' 00" E	100.00	11
12	1.00	S 89° 15' 00" E	100.00	12
13	1.00	N 89° 15' 00" E	100.00	13
14	1.00	S 89° 15' 00" E	100.00	14
15	1.00	N 89° 15' 00" E	100.00	15
16	1.00	S 89° 15' 00" E	100.00	16
17	1.00	N 89° 15' 00" E	100.00	17

WELL #	BEARING	DISTANCE
1	N 89° 15' 00" E	100.00
2	S 89° 15' 00" E	100.00
3	N 89° 15' 00" E	100.00

DUPRECH & ASSOC., INC.
SURVEYING-PLANNING
P.O. BOX 700
BOISE, IDAHO 83724
PHONE: (208) 775-8800
FAC: (208) 775-8810
TELEX: 271000
MAIL: 271000

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

* WELL TAG NO. D0040028

Irrig Permit No. _____

Other IDWR No. _____

2. OWNER

Name Treend, Earl

#1

Well Number:

929

Address 2532 S. Stateline Rd

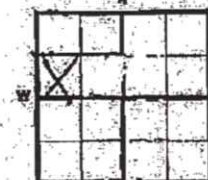
City Post Falls

State ID

Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50 ☒ North or ☐ SouthRge. 6 ☐ East or ☒ West

Sec. 24 SW 1/4 NW 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat. _____ Long. _____

Address of Well Site Stateline Rd

City Post Falls

(Give at least name of road & distance to road or landmark)

Lt. #1 Blk. _____ Sub Name Trails End Estates

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☒ Other Test #1

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Grains or Pounds	
BENTONITE	0	18	500 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or

control devices: Weld on Cap

11. WELL TESTS:

☒ Pump	☐ Baller	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Pumping Level	Time
60			

Water Temp Cold Bottom Hole Temp Cold

Water Quality test or comments: Clear

Depth first Water encountered 183

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	3	Top Soil	☐	☒
8	3	18	Granite Decomposed	☐	☒
6	18	30	Granite Decomposed w/ 1 spec to 20 ft	☒	☐
6	30	41	Granite Gray & Brown	☐	☒
6	41	61	Granite Gray & White	☐	☒
6	61	90	Granite Dark Gray & White	☐	☒
6	90	130	Granite light Gray & White	☐	☒
6	130	143	Granite Rock	☐	☒
6	143	180	Granite Gray & white	☐	☒
6	180	183	Granite Rose frac w/ water 60 ppm	☒	☐
6	183	210	Granite Rose & Gray	☐	☒
6	210	220	Granite Black & White	☐	☒
	0	0	Did Not install PVC	☐	☐

Completed Depth 220 (Measurable)
Date: Started 4/5/2005 Completed 4/5/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2B Well Service Inc. Firm No 448

Firm Official Thomas R. Ruhl Date 4-18-05

and Supervisor or Operator Jim McAsia Date 04/05/05

Jim McAsia (Sign Once as Firm Official and Operator)

95-9272

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
Lat: _____ Long: _____

1. WELL TAG NO. D0040028
Drilling Permit No: 831460
Other IDWR No. 95-9272

2. OWNER TREEND, EARL WELL #1 Well Number: 1086
Name TREEND, EARL WELL #1
Address 2532 S. STATELINE RD
City POST FALLS State ID Zip 838564

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

Tw. 50 North or South
Rge. 06 East or West
Sec. 24 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site STATELINE ROAD
City POST FALLS

(Give at least name of road + Distance to Road or Landmark)
Lt. 1 Blk. _____ Sub. Name _____

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)

☐ New Well ☒ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			Amount Sacks or Pounds	METHOD
Material	From	To		
BENTONITE	0	58	1,100 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	.280	STEEL	☒	☐	☒	☐
4	-10	220	200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-210	220	1/4 X 8	58	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.
Depth flow encountere _____ ft. Describe access port or
control devices: _____

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
60			

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 60

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Pulled 20' of 6" casing. Reamed out top 60' of well to 10". Set 60' of .280 wall 6" casing. Sealed with casing seal. Cleaned out to 220' developed 60 gpm. Set 210' of 4" PVC liner.

Completed Depth 220 (Measurable)
Date: Started 11/27/2005 Completed 11/28/2005

13. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 12-06-05

and
Supervisor or Operator [Signature] Date 12/02/05
JIM MCLESLIE (Sign Once if Firm Official and Operator)

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 1/4 1/4
Lat. _____ Long. _____

1. WELL TAG NO. D00040023

Drilling Permit No. _____

Other IDWR No. _____

2. OWNER

Name Treend, Earl 1122

Well Number: 832

Address 2532 S Stateline Rd

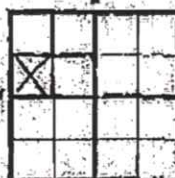
City Post Falls

State ID

Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South

Rge. 6 ☐ East or ☒ West

Sec. 24 SW 1/4 NW 1/4 1/4

Gov't Lot _____ County KOOTENAI

Let. _____ Long. _____

Address of Well Site Stateline Rd

City Post Falls

(Give at least name of road & distance to road or landmark)

LL 10 Bk. _____ Sub. Name Trails End Estates

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation

☐ Thermal ☐ Injection ☒ Other Test #2

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT	METHOD
Material	From To	Grains or Pellets
BENTONITE	0 18	450 lbs
		Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	250	Steel	☒	☐	☒

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From To	Slot Size	Number	Diameter	Material	Casing	Liner
					☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Time
15			

Water Temp. Cold Bottom Hole Temp. Cold

Water Quality test or comments: Clear

Depth first Water encountered 181

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

From To	Remarks: Lithology, Well Quality, Temperature	Water
0 18	Top Soil	☐ Y ☒ N
18 45	Granite Brown decomposed	☐ Y ☒ N
45 70	Granite Brown Med	☐ Y ☒ N
70 80	Granite Gray & Tan	☐ Y ☒ N
80 90	Granite Fracture	☐ Y ☒ N
90 130	Granite Brown	☐ Y ☒ N
130 150	Granite Gray	☐ Y ☒ N
150 172	Granite Rose & Green	☐ Y ☒ N
172 181	Granite Black & White	☐ Y ☒ N
181 220	Granite gray & white fracture w/ water 15	☐ Y ☒ N
220 250	Granite Gray & White	☐ Y ☒ N
	Ground Black & Dark Gray	☐ Y ☒ N

Completed Depth 250 (Measurable)

Date Started 4/5/2005 Completed 4/6/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 4-13-05

and Supervisor or Operator [Signature] Date 04/06/05

Firm Seal location (Stamps Office of Firm Official and Chemicals)

95-9272

WELL DRILLER'S REPORT

Inspected by
Twp. Rge. Sec.
1/4 1/4 1/4
Lat. Long.

1. WELL TAG NO. D0040091
2. OWNER
Name Treend, Earl #3 Well Number: 843
Address 2532 S. Stateline Rd
City Post Falls State ID Zip 83854
3. LOCATION OF WELL by legal description
sketch map location must agree with written location

Twp. 50	North or South
Rge. 6	East or West
Sec. 24	SW 1/4 NW 1/4 1/4
Gov't Lot	County KOOTENAI
Lat. :	Long. :

Address of Well Site
Stateline Rd Well #3 City Post Falls
(Give at least name of road & distance to road or landmark)
11 Bk. Sub Name Trails End Estates

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Test #3
5. TYPE OF WORK check all that apply (Replacement, etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other

DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

SEAL/FILTER PACK		AMOUNT	METHOD
Material	From To	Seals or Pounds	
BENTONITE	0 18	600 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:				Casing	Liner Welded	Threaded
Diameter	From To	Gauge	Material			
6	±2 18	.250	Steel	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

Perforations Method		Screens Screen Type	
From To	Size	Number	Diameter

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
60 ft. below ground Artesian pressure lb.
Depth flow encountered ft. Describe access port or control devices: Weld on Cap

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
60			

Water Temp. Cold Bottom Hole Temp. Cold
Water Quality test or comments: Clear
Depth first Water encountered 55

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From To	Remarks: Lithology, Water Quality, Temperature	Water
0	3	Top Soil	☐ Y ☒ N
3	18	Granite Brown Decomposed	☐ Y ☒ N
18	55	Granite Brown Decomposed	☐ Y ☒ N
55	60	Granite Tan Fracture w. water 5 gpm	☒ Y ☐ N
60	70	Granite Tan & Gray	☐ Y ☒ N
70	110	Granite Gray & Rose	☐ Y ☒ N
110	120	Granite Dark Gray	☐ Y ☒ N
120	130	Granite Tan & White	☐ Y ☒ N
130	202	Granite fracture w. water 40 gpm	☒ Y ☐ N
202	250	Granite Gray & White	☐ Y ☒ N
250	265	Granite Rose & Gray	☐ Y ☒ N
265	300	Granite Gray & White 60 gpm	☒ Y ☐ N

Completed Depth 300 (Measurable)
Date: Started 4/22/2005 Completed 4/25/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2S WellService, Inc. Firm No. 448
Firm Official [Signature] Date 4/27/05
and
Supervisor or Operator [Signature] Date 04/25/05
Jim McLislie (Sign Once if Firm Official and Operator)

95-9272

WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat. : : Long. : :

sketch map location must agree with written location

City POST FALLS

Lt. Bk. Sub. Name

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	58	1,000 LBS	OVERBORE

Was drive shoe seal tested? ☐ Y ☒ N How?

Diameter	From	To	Gauge	Material	Coating	Linear	Welded	Threaded
6	+2	58	280	STEEL	☒	☐	☒	☐
4	-10	300	200	PVC	☐	☒	☐	☐

From	To	Shot Size	Number	Diameter	Material	Coring	Linear
230	300	1/4 X 8	48	4		☐	☒

Depth flow encounter _____ ft. Describe access port or control devices:

Water

Pulled 20' of 6" casing.
Reamed hole out 10" to 60'
Set 60' of .280 wall well casing.
Sealed with casing seal.
Cleaned out well to 300'.
Set 290 PVC.

Date: Started 12/2/2005 Completed 12/3/2005

Supervisor or Operator Jim McLeslie Date 12/05/05
JIM MCLESLIE (Sign Once If Firm Official and Operator)

95-9272

WELL DRILLER'S REPORT

Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 1/4 1/4
Lat. _____ Long. _____

1. WELL TAG NO. D0040092

Drilling Permit No: _____
Other IDWR No: _____

2. OWNER

Name Treend, Earl Well Number: 944
Address 2532 Stateline Rd

City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
Rge. 6 ☐ East or ☒ West
Sec. 24 SW 1/4 NW 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat. _____ Long. _____

Address of Well Site Stateline Rd Test Well #4
City Post Falls

(Give at least name of road + distance to road or landmark)

Lt. _____ Blk. _____ Sub-Name Trails End Estates

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Test #4

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sticks or Pounds	
BENTONITE	0	18	600 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Life Wellhead	Threaded
6	+2	38	250	Steel	☒	☐	☒

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian	Yield gal/min.	Drawdown	Pumping Level	Time
	60			

Water Temp: Cold Bottom Hole Temp: Cold

Water Quality test or comments: Clear

Depth first Water encountered 205

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
0	0	3	Top Soil		☒	☒
3	3	12	Granite Decomposed Brown Soft		☒	☒
12	12	35	Granite Green & Red		☒	☒
35	35	75	Granite Green & White		☒	☒
75	75	120	Granite Green & White		☒	☒
120	120	205	Granite Green & White		☒	☒
205	205	270	Granite Green & White fracture to water		☒	☒
270	270	300	Granite Dark Gray		☒	☒

Completed Depth 300 (Measurable)
Date Started 4/25/2005 Completed 4/26/2005

13. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Service, Inc. Firm No. 448
Firm Official Jim McLeslie Date 5-2-05
and
Supervisor or Operator Jim McLeslie Date 04/26/05
Jim McLeslie (Sign Once as Firm Official and Operator)

95-9272



WELL #1



WELL #2



WELL #3



WELL #4



WELL TAG FOR WELL #3



WELL TAG FOR WELL #4

95-9272



95-9272





95-9272





95-9272

