

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Leon Russell</u> Address <u>1087 E. Neb. Spokane Wash</u> Drilling Permit No. <u>96-91-N-14</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>30</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☒ Bailer ☐ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>10+</u></td><td><u>30</u></td><td><u>3</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>10+</u>	<u>30</u>	<u>3</u>																																		
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><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><u>6</u></td><td><u>0</u></td><td><u>25</u></td><td><u>Clay</u></td><td></td><td></td></tr><tr><td></td><td><u>25</u></td><td><u>50</u></td><td><u>Clay - Sand</u></td><td></td><td></td></tr><tr><td></td><td><u>50</u></td><td><u>53</u></td><td><u>Coarse Sand</u></td><td></td><td></td></tr><tr><td></td><td><u>53</u></td><td><u>98</u></td><td><u>Fine Sand</u></td><td></td><td></td></tr><tr><td></td><td><u>98</u></td><td><u>105</u></td><td><u>Coarse Sand</u></td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>6</u>	<u>0</u>	<u>25</u>	<u>Clay</u>				<u>25</u>	<u>50</u>	<u>Clay - Sand</u>				<u>50</u>	<u>53</u>	<u>Coarse Sand</u>				<u>53</u>	<u>98</u>	<u>Fine Sand</u>				<u>98</u>	<u>105</u>	<u>Coarse Sand</u>		
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____		101490 RECEIVED MAY 1 1991 Department of Water Resources																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>1/4</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>100</u> 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> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches <table border="1"><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> Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>Johnson</u> Type <u>Telescope</u> Model No. _____ Diameter <u>6</u> Slot size <u>20</u> Set from <u>100</u> feet to <u>105</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	<u>1/4</u> inches	<u>6</u> inches	<u>1</u> feet	<u>100</u> 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										
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6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table> County <u>Bonner</u> Subdivision Name _____ Lot No. _____ Block No. <u>4</u> NE 1/4 SE 1/4 Sec. <u>24</u> , T. <u>56</u> S. R. <u>4</u> W. <u>2</u>		N					W				E																S					11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Carl Potts & Son</u> Firm No. <u>168</u> Address <u>Pt 2 O Idham W</u> Date <u>4-27-91</u> Signed by (Firm Official) <u>Carl Potts</u> and (Operator) <u>Carl Potts</u>											
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT