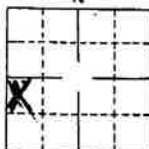


WELL DRILLER'S REPORT

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

1. WELL OWNER Name <u>Mr & Mrs Brian Barrett</u> Address <u>Box 237, Brink River, Idaho</u> Owner's Permit No. <u>97-81-N-11</u>	7. WATER LEVEL Static water level <u>150/160</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 <u>50</u> °F. Quality <u>good clear</u>																																														
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ Discharge G.P.M. <u>10-15 gpm</u> Pumping Level <u>air test</u> Hours Pumped _____																																														
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">Hole 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>6"</td><td>0</td><td>1</td><td>top soil</td><td></td><td></td></tr><tr><td></td><td>1</td><td>12</td><td>red brown clay</td><td></td><td></td></tr><tr><td></td><td>12</td><td>20</td><td>wet brown clay</td><td></td><td></td></tr><tr><td></td><td>20</td><td>30</td><td>clay - rock contact</td><td></td><td></td></tr><tr><td></td><td>30</td><td>35</td><td>hard granite rock</td><td></td><td></td></tr><tr><td></td><td>35</td><td>42</td><td>shale - grey-green & white</td><td></td><td></td></tr></tbody></table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	1	top soil				1	12	red brown clay				12	20	wet brown clay				20	30	clay - rock contact				30	35	hard granite rock				35	42	shale - grey-green & white		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																															
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness <u>250</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>38</u> feet ____ inches _____ inches _____ feet _____ feet ____ inches _____ inches _____ feet _____ feet ____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18 ft</u> Material used in seal: ☐ Cement grout <u>Bentonite</u> ☒ Pudding clay ☐ Well cuttings 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 _____	10. Work started <u>9-15-81</u> 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>Intermountain Drilling</u> Firm No. <u>252</u> Address <u>Brink River, Idaho</u> Date <u>10-5-81</u> Signed by (Firm Official) <u>Herman D. Anglin</u> and <u>Herman D. Anglin</u> (Operator)																																														
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot _____ Block No. _____ County <u>Bonner</u> Section <u>SW 1/4</u> T. <u>56N</u> R. <u>5W</u>																																															