

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources 001 4 1983
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name R. Fowler

Address Rt. 1 - Spokane Washington

Owner's Permit No. 96-83-N-94

7. WATER LEVEL

Static water level _____ feet below land surface.

Flowing? Yes No G.P.M. flow 3 G.P.M.

Artesian closed-in pressure 2 1/2 p.s.i.

Controlled by: Valve Cap Plug

Temperature 46 °F. Quality Very Good

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.	Pumping Level	Hours Pumped
<u>27</u>	<u>100-</u>	<u>6</u>

3. PROPOSED USE

Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	4	Granite broken w/ Clay Tan		
	4	30	Granite Decomposed w/ Clay		
	30	33	Granite hard - white		
	33	46	Granite Decomp. Brown Clay		
8	46	63	Granite hard Brown		
6	63	69	Granite Decomp. - Gray		
	69	74	Granite Decomp. Black		
	74	77	Granite Decomp. Brown		
	77	82	Granite hard white		
6	82	86	Granite Decomp. Brown light		
	86	92	Granite " Brown Dark		
	92	103	Granite hard Gray		
	103	118	Granite Decomp. - Black white		
6	118	128	Granite hard Gray		
	128	134	Granite Decomp. Brown		
	134	139	Granite med hard Gray		
	139	142	Granite Decomp. Brown		
6	142	158	Granite hard white		
	158	163	Granite hard Gray		
	163	182	Granite Decomposed - Brown		
	182	187	Granite hard Black-white		
6	187	191	Granite hard Gray		
	191	203	Granite Med hard Brown-white		
	203	210	Granite hard white		
	210	213	Granite med hard Brown		
6	213	216	Granite hard Brown-white		
	216	219	Granite hard white		
	219	230	Granite hard Black-white		
6	230	250	Granite hard white		

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>+1-6"</u> feet	<u>58-6"</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 18 Material used in seal: Cement grout
 Puddling clay Well cuttings

Sealing procedure used: Slurry pit Temp. surface casing
 Overbore to seal depth

Method of joining casing: Threaded Welded Solvent Weld

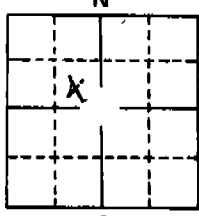
Cemented between strata

Describe access port Sub Pump Seal

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6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County BONNER

SE 1/4 NW 1/4 Sec. 20, T. 58 N1/2 R. 2 E/W.

10. Northern District Office

Work started Aug 18-83 finished Aug 22-83

11. DRILLERS CERTIFICATION

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

Firm Name E.H. Holman Drill rig Co Firm No. 105

Address 601 S. Penies Rd Spokane Date Aug 22-83

Signed by (Firm Official) [Signature]
and
(Operator) [Signature]