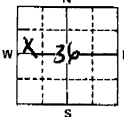


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.7/14 168 005 1, h
714 895 8790, w
7/30
USE TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER Name <u>Donna E. Willoughby</u> Address <u>9772 Verde Mar Dr. Huntington Beach CA 92646</u> Drilling Permit No. <u>75-93E-040-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>21'</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>51</u> °F. Quality <u>Cold</u> <small>Describe artesian or temperature zones below.</small>																																																										
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification <input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> 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>20</u></td><td><u>60</u></td><td><u>3</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>20</u>	<u>60</u>	<u>3</u>																																																				
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3. PROPOSED USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)	9. LITHOLOGIC LOG <u>107785</u> <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>2</u></td><td><u>Top Soil</u></td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>2</u></td><td><u>18</u></td><td><u>SAND Boulders</u></td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>18</u></td><td><u>22</u></td><td><u>GRANITE Boulders</u></td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>22</u></td><td><u>30</u></td><td><u>SAND Boulder</u></td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>30</u></td><td><u>40</u></td><td><u>GRAVEL Boulders</u></td><td><u>X</u></td><td> </td></tr><tr><td> </td><td><u>40</u></td><td><u>48</u></td><td><u>GRAVEL SAND</u></td><td><u>X</u></td><td> </td></tr><tr><td> </td><td><u>48</u></td><td><u>58</u></td><td><u>SAND HARD BROWN</u></td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>58</u></td><td><u>64</u></td><td><u>DARK GREY SAND</u></td><td> </td><td><u>X</u></td></tr></tbody></table> <p><u>6" casing in a 6" bore hole - overbore seal depth</u> <u>5 sec. (see request) BMD</u></p>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>6</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>		<u>X</u>		<u>2</u>	<u>18</u>	<u>SAND Boulders</u>		<u>X</u>		<u>18</u>	<u>22</u>	<u>GRANITE Boulders</u>		<u>X</u>		<u>22</u>	<u>30</u>	<u>SAND Boulder</u>		<u>X</u>		<u>30</u>	<u>40</u>	<u>GRAVEL Boulders</u>	<u>X</u>			<u>40</u>	<u>48</u>	<u>GRAVEL SAND</u>	<u>X</u>			<u>48</u>	<u>58</u>	<u>SAND HARD BROWN</u>		<u>X</u>		<u>58</u>	<u>64</u>	<u>DARK GREY SAND</u>		<u>X</u>
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4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____ (backhoe, hydraulic, etc.)	10. Work started <u>9/14/93</u> finished <u>9/15/93</u>																																																										
5. WELL CONSTRUCTION Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ Thickness <u>1.250</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>60</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation? <u>7/16</u> inches by <u>1 1/2</u> inches Number _____ From _____ To _____ <u>120</u> perforations <u>42</u> feet <u>50</u> feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20'</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> _____ <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata Describe access port <u>sanitary well seal</u>	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>HARBER DRILLING COMPANY</u> Firm No. <u>430</u> Post Office Box <u>194</u> Address <u>Carmen Creek Road</u> Date <u>9/15/93</u> <u>CARMEN, IDAHO 83415-0194</u> Signed by Drilling Supervisor <u>Alan Paul Cree</u> and _____ (Operator) _____ (If different than the Drilling Supervisor)																																																										
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. <u>5</u> Block No. _____ County <u>Lemhi</u> Address of Well Site <u>Lake Creek Ranch Rd</u> (give at least name of road) <u>SW 1/4 NW 1/4 Sec. 36, T. 20 N. or S. <input type="checkbox"/></u> <u>R. 21 E. or W. <input type="checkbox"/></u>																																																											