



Use Typewriter
or
Ball Point Pen

11. WELL TESTS:

Other IDWR No.

2. OWNER:

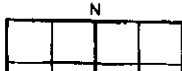
Name MARK & MARY Mayhew

Address 514 W Sunset

City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 48 North ☒ or South ☐
 Rge. 5W East ☐ or West ☒
 Sec. 15 SW $\frac{1}{4}$ NW $\frac{1}{4}$ 1/4
 Gov't Lot _____ County 4 admiral 40 acres 180 acres

Address of Well Site $\frac{1}{4}$ mile south Bear
Road south of 95 City _____
 (Give at least name of road & distance to road or landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bent + wife	0	36	300 ^{##}	

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	38'	850	Steel	☒	☐	☒	☐
4	-4	105'	300 300	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENING

☒ Perforations Method Skilvane
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Upper
105	85	1/4-6	46	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure _____ lb.

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

SW NW 15 4BN 5W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 105 (Measurable)
Date: Started 5 23 95 Completed 5 23 95

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 Mc Quality Drilling DBA Blue Water Drilling Firm No. 452

Firm Official John Corman Date 6-2-95
and

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES