

5/22/00

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

APR 25 2000

1. WELL TAG NO. D0013139

Drilling Permit No. IDWR/North

Other IDWR No. 764056

2. OWNER

Name Dan Hayes

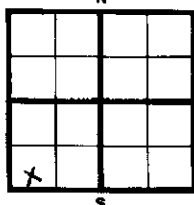
Well Number: 13

Address 14300 E Hayden Lake Road

City Hayden Lake State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location


 Twp. 51 ☒ North or ☐ South
 Rge. 3 ☐ East or ☒ West
 Sec. 2 ☐ 1/4 SW ☐ 1/4 SW ☐ 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 14300 E Hayden Lake

City Hayden Lake

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT Sacks or Pounds	METHOD
Material	From	To		
BENTONITE	0	18	5 Sacks	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
4	-10	245	160 psi	PVC	☐	☒	☐
6	2	38	.250	steel	☒	☐	☒

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skill saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
205	245	1/8x6	100	4"	PVC		X

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+			1 HR

Water Temp. cold Bottom Hole Temp. cold

Water Quality test or comments: clear

Depth first Water encountered 195

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	topsoil	☐	☒
8	3	34	decomp granite	☐	☒
8	34	38	granite white w/black	☐	☒
6	38	195	granite white w/black	☐	☒
6	195	207	granite white w/green	☒	☐
6	207	232	granite white w/black	☐	☒
6	232	239	granite green/black fractured	☒	☐
6	239	245	granite white w/black	☐	☒

 Completed Depth 245 (Measurable)
 Date: Started 4/20/00 Completed 4/20/00

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 H2O Well Service, Inc. Firm No. 448

Firm Official _____ Date _____

and _____

Supervisor or Operator _____ Date 4-21-00

(Sign Once as Firm Official and Operator)
Todd Morgan

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