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Form 238-7
1/95
SEP 1 1 1995
NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp____ Rge____ Sec ____
____1/4____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95 - 95 - N - 102 - 000
Other IDWR No. _____

2. OWNER:
Name KIM EADIE
Address RT 2 BOX 208A
City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S — X

Twp. 52 North ☒ or South ☐
Rge. 03 East ☐ or West ☒
Sec. 35 ____ 1/4 SW 1/4 NE 1/4
(10 acres) (40 acres) (160 acres)
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site END OF TRIANGLE
SEVEN ROAD City _____
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	5 BAGS	OVERBORE-DRY

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
8	+2	18	.250	STEEL	☒	☐	☐	☐
4	+2	118	.160	PSIPVC	☐	☒	☐	☐
					☐	☐	☐	☐

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
58	118	1/4x4	240	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
60 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

SWNE 35 52N 3W

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM			
EST AIR LIFT			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
10	0	18	GRANITE DECOMP W/CLAY		X
10	18	80	DECOMP W/CLAY LIGHT BROWN		X
10	80	83	GRANITE BROKEN WHITE & ROSE W/WATER APPROX 3 GPM	X	
10	83	90	GRANITE WHITE QUARTZ		X
10	90	126	GRANITE WHITE & ROSE FRACTURED W/WATER APPROX 12 GPM	X	
			LOST 8' OF HOLE		
			SET 120' OF 4" LINER AND SET GRAVEL PACK FROM 60'-118'		
			DEVELOPED WATER FOR 2 HRS		

Completed Depth 118' (Measurable)
Date: Started 08/24/95 Completed 08/25/95

MICROFILMED
JAN 0 9 1996

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 [signature] Date 9-6-95
and
Supervisor or Operator [signature] Date 8-31-95
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES