

WELL DRILLER'S REPORT

State 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.

1. WELL OWNER

Name Miss Mildred Billie Ryan

Address Harrison Idaho

Owner's Permit No. 94-77-N-27

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)

☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 85 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness 1/4 inches Diameter 6 1/4 inches + 1 feet 60 feet

_____ inches _____ inches _____ feet _____ 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 _____ Material used in seal ☐ Cement grout

☒ Pudding clay ☐ Well cuttings

Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing

☐ Overbore to seal depth

7. WATER LEVEL

Static water level 40 feet below land surface

Flowing? ☒ Yes ☐ No G.P.M. flow 5

Temperature 50 ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☒ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Discharge G.P.M. _____ Draw Down _____ Hours Pumped _____

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
9"	0	15	Clay		X
8"	15	33	Broken Basalt		
8"	33	41	Hard Basalt		
8"	41	52	Broken Basalt		
8-6"	52	70	Hard Basalt		
6"	70	73	Clay		
6"	73	85	Broken Basalt		

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SEP 20 1977

Department of Water Resources
Northern District Office

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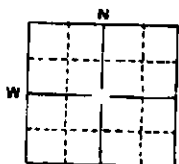
AUG 25 1977

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6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

Govt Lot 2

1/4 _____ 1/4 Sec. 17 T. 47 N. R. 3 W. B. 3

10.

Work started Aug 11, 1977 finished Aug 12, 1977

11. DRILLERS CERTIFICATION

Firm Name Agua Drilling Firm No. 163

Address P.O. Box 1499 CDA Date Aug 12, 1977

Signed by (Firm Official) _____

and

(Operator) Quince S. Lickfold