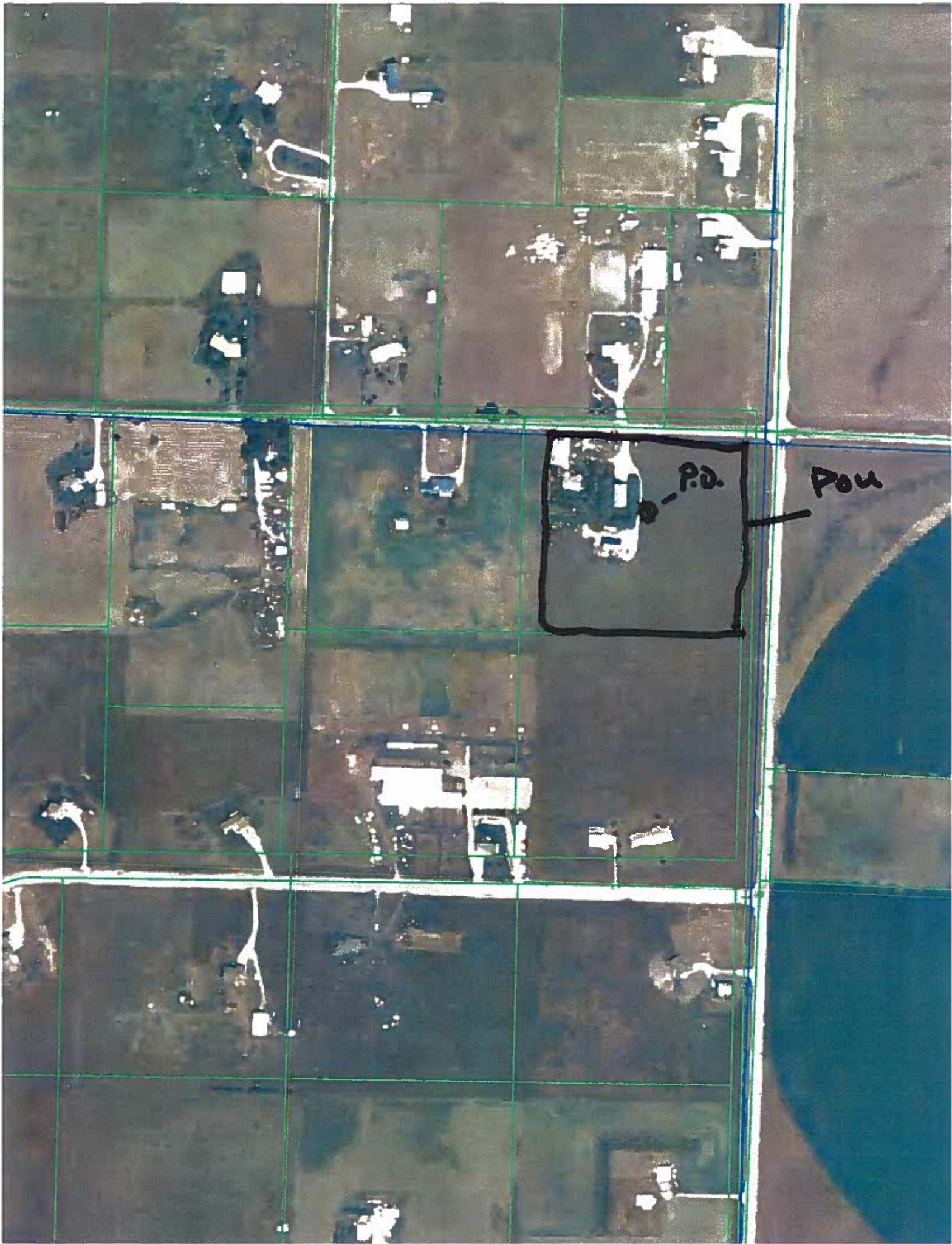




IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77689

Office Use Only

 Inspected by _____
 Twp _____ Rge _____ Sec _____
 1/4 1/4 1/4
 Lat: : : Long: : :

1. DRILLING PERMIT NO. TAG#D0003617

Other IDWR No. 95-98-N-28

2. OWNER

Well Number: _____

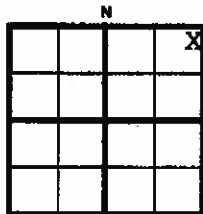
Name MUNDLIN, GARY

670

Address PO BOX 1089City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location


 Twp. 51 ☒ North or ☐ South
 Rge. 04 ☐ East or ☒ West
 Sec. 20 NE 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site W 5050 HAYDEN AVCity HAYDEN LAKE

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

Bk. _____ 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	METHOD
Material	From	To	Sacks or Pounds	
			POWDER	150 GALS/SLURR
BENTONITE	0	30	3 -BAGS	18"OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 330Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	330	.250	STEEL	☒	☐	☒	☐
5	330	340		8"	☒	☐	☒	☐

Length of Headpipe 8' Length of Tailpipe)

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☒ Screens Screen Type JOHNSON STAINLESS

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
325	333			5	STEEL	☒	☐
333	338	80	5	5	STEEL	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

230 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
40+ GPM			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
12	0	2	Topsoil	☐	☒
12	2	18	Soil Cobble & Gravel	☐	☒
8	18	275	Sand & Gravel W/Soil	☐	☒
8	275	315	Sand & Pea Gravel Fine	☒	☐
8	315	340	Sand W/Some Gravel	☒	☐
RECEIVED MAR 13 1998 NORTHERN REGION IDWR					
Completed Depth <u>340'</u>			(Measurable)		
Date: Started <u>3/2/98</u>			Completed <u>3/9/98</u>		

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 WellService, Inc. Firm No. 448Firm Official [Signature] Date 3/9/98

and

Supervisor or Operator [Signature] Date 3/9/98

(Sign Once if Firm Official and Operator)

(Louie Hanner)

NENE 20 SIN 4W