

RECEIVED

IDAHO DEPARTMENT OF WATER RESOURCES

MAY 27 1998

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	:

NORTHERN REGION

1. DRILLING PERMIT NO. TAG#D3867

Other IDWR No.

2. OWNER

Well Number:

Name SHIPLEY, KEN

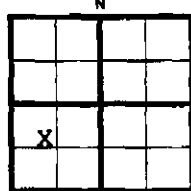
700

Address 6100 FOREST AVE

City DES MOINES State IA Zip 50311-195

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
 Rge. 04 ☐ East or ☒ West
 Sec. 08 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 5900 BLK Highland Dr

City Post Falls

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

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	METHOD
Material	From	To		
BENTONITE	0	19	4 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
6	+2	19	.250	STEEL	☒	☐	☒
4	-5	200	.160	PVC	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	160	1/8X4	70	4	PVC	☐	☒
180	200	1/8X4	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50 ft. below ground Artesian pressure _____ lb.

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

50N 4W 8 NW SW

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50+ GPM			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 43

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
	0	0		☐	☐
8	0	4	TOPSOIL	☐	☒
8	4	19	Granite Decomposed Brown	☐	☒
6	19	42	Granite Black & Copper	☐	☒
6	42	46	Granite Decomposed Brown W/Water	☒	☐
6	46	131	Granite Black & Copper Medium	☐	☒
6	131	147	Granite White & Green W/Water 40 gp	☒	☐
6	147	180	Granite Black & Copper	☐	☒
6	180	183	Granite Black & White Fractured W/W	☒	☐
6	183	200	Granite White & Copper Medium	☐	☒
	0	0	1) 6" Bolt on Cap	☐	☐
	0	0	1) 4x6 Formation Packer set at 100'	☐	☐

Completed Depth 200' (Measurable)

Date: Started 5/20/98 Completed 5/20/98

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 4120 Well Service, Inc. Firm No. 448

Firm Official _____ Date 5/20/98

and _____

Supervisor or Operator _____ Date 5/20/98

(Sign Once if Firm Official and Operator)

(Louie Hanner)