



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

OFFICE USE ONLY

Inspected by TDKTwp. 52N Rge. 05W Sec. 34SE 1/4 SE 1/41. DRILLING PERMIT NO. 95 94 N 0198 000

Other IDWR No. _____

2. OWNER:

Name MR KEVIN DESILETSAddress 3205 W HIDDEN VALLEY RDCity RATHDRUM State ID Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W
E
S
RD

Twp. 52 North ☒ or South ☐
Rge. 05 East ☐ or West ☒
Sec. 34 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County Kootenai 10 acres 160 acres

Address of Well Site 3205 W HIDDEN VALLEY
City RATHDRUM

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

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	4 bags	Dry Poured

Was drive shoe used? ☒ Y ☐ N ☐ DROVE INTO ROCKWas drive shoe seal tested? ☒ Y ☐ N ☐ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1.5	185	.250	Steel	☒	☐	☐	☐
4"	-5	525	160psi	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
485	525	1/8x4	120	4"	pvc	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

280+ ft. below ground Artesian pressure _____ lb.

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

SWNE 34 52N SW

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12 GPM			1 hour

Water Temp. cold Bottom hole temp. _____Water Quality test or comments: GOOD

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	3	TOPSOIL		☒
8	3	12	Granite decomposed brown		☒
8	12	18	Granite W/Quartz White		☒
6	18	24	Granite W/Quartz White		☒
6	24	30	Granite Black & White W/Brown		☒
6	30	42	Granite Black & White Soft		☒
6	42	83	Granite White & brown Medium		☒
6	83	86	Granite White & Black Medium		☒
6	86	108	Granite White & Black Brown		☒
6	108	180	Granite White & Black Med hard		☒
6	180	206	Granite Black & white Hard		☒
6	206	236	Granite White & Black Green		☒
6	236	284	Granite Black & white med hard		☒
6	284	309	Granite White & Black Med Hard		☒
6	309	367	Granite Black & White Hard		☒
6	367	391	Granite White & Black Med		☒
6	391	408	Granite Black & White Med		☒
6	408	412	Granite White & Green 1/4gpm	☒	
6	412	456	Granite Black & white med hard		☒
6	456	510	Granite White black med		☒
6	510	523	Granite Black & White 4gpm	☒	
6	523	531	Granite Black Medium Soft		☒
6	531	540	Granite Black Fractured 8gpm	☒	
6	540	545	Granite White & Black medium		☒

MICROFILMED

JAN 09 1998

RECEIVED

OCT 11 1994

NORTHERN REGION
IDWR
 Completed Depth 545' (Measurable)
 Date: Started 09/19/94 Completed 09/21/94

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. #448Firm Official John Williams Date 9-29-94

and

Supervisor or Operator J. E. [Signature] Date 9-27-94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES