Form 238-7
3/95-C96

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. DRILLING PERMIT NO. __ - __ - __ ___ - ___
Other IDWR No. D 0035502

2. OWNER: 82507
Name Eric Rude
Address 10786 N. Maple
City Hayden State ID Zip 83835

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

N / W / E / S

Twp. 52 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 28 1/4 (10 acres) NE 1/4 (40 acres) SE 1/4 (160 acres)
Gov't lot _____ County Kootenai
Lat: 47:49:328 Long: 116:42:241
Address of Well Site 34482 E. Hayden Lake Road
City Hayden Lake
(Give at least name of road + Distance to Road or Landmark)
Lt. 6 Blk. _____ Sub. Name Mountain Lake Est

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	60	400#	Dry Granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 60'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	60	250	Steel	☒	☐	☒	☐
4"	5	580	160	PVC	☐	☒	☒	☐
4"	580	600	200	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method saw cut 1/8" x 6" slot
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
580	600	1/8	36	4"	PVC	☐	☒
						☐	☐
						☐	☐

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

52N 3W 28

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

Yield gal/min.	Drawdown	Pumping Level	Time
3 gpm			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 210

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.	Water Y	Water N
10"	0	1	Topsoil		☒
	1	18	Sand, brown		☒
	18	26	Sand, brown		☒
	26	48	Sand, decomposed rock, brown		☒
	48	60	Sand, decomposed rock, tan		☒
6"	60	74	Granite, tan, medium		☒
	74	130	Granite, grey		☒
	130	210	Granite, grey, white, green		☒
	210	220	Granite, grey, white, green, soft	☒	
	220	230	Granite, grey, wht, grn, fractured		☒
	230	258	Granite, grey, hard		☒
	258	288	Granite, grey, soft		☒
	288	410	Granite, grey, white, green, soft		☒
	410	418	Granite, grey, white, green, hard		☒
	418	496	Granite, grey, white, green, soft		☒
	496	512	Granite, grey, white, green, medium		☒
	512	514	Granite, grey, wht, green, fractured	☒	
	514	542	Granite, grey, white, green, medium		☒
	542	600	Granite, grey, white, green, soft		☒

RECEIVED
OCT 21 2004
IDWR/North

Completed Depth: 600 (Measurable)
Date: Started 10/01/04 Completed 10/04/04

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 McCarty Drilling & Pump Inc Firm No. 586
Firm Official Brent McCarty Date 10/11/04
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

Date: 10/11/2004 Time: 8:48 AM