

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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 DAN THACKRAY
Address RT 1 BOX 91-D Arhol, Ida 83801
Owner's Permit No. 96-85-N-74

7. WATER LEVEL

Static water level 280 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ of. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Air ☐ Other _____

Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____

NO TEST

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	3	Clay & Gravel		X
	3	46	Gravel & Sand		X
	46	54	Gravel Large		X
	54	93	" + Sand		X
	93	96	" BOULDER		X
	96	119	" LARGE		X
	119	164	" + Sand		X
	164	216	" Medium		X
	216	222	" BOULDERS		X
	222	229	Broken Granite		X
	229	236	Hard "		X
	236	238	Broken "		X
	238	249	Hard "		X
	249	252	Broken "		X
	252	259	Hard "		X
	259	269	Broken "		X
	269	276	Hard "		X
	276	282	Broken "		X
	282	289	Hard "		X
	289	291	Broken "		X
	291	295	Hard "		X
	295	306	Broken " with WATER		X

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Department of Water Resources

MICROFILMED

10.

Work started 11-12-84 finished 4-2-85

11. DRILLERS CERTIFICATION

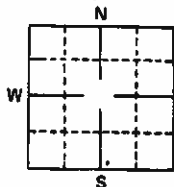
I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name BROWN X wells Firm No. 289Address Rothelm Ida Date 4-20-85Signed by (Firm Official) Linda Gordon

and

(Operator) Lenny Gordon

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County MOOTENAI____ % ____ % Sec. 24 T. 53 N. R. 3 P.W.