

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR  
BALLPOINT PEN

## WELL DRILLER'S REPORT

State 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 Antonio PesaturoAddress P.O. Box 176, Athol ID 83801Owner's Permit No. 96-89-N-91-

## 7. WATER LEVEL

Static water level 300 feet below land surface.Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_

Artesian closed-in pressure \_\_\_\_\_ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature \_\_\_\_\_ °F., 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 ☐ Bailor ☒ Air ☐ Other \_\_\_\_\_

Discharge G.P.M.

Pumping Level

Hours Pumped

30GPM

ESTIMATED AIRLIFT

## 9. LITHOLOGIC LOG

| Bore<br>Diam. | Depth |     | Material                               | Water |    |
|---------------|-------|-----|----------------------------------------|-------|----|
|               | From  | To  |                                        | Yes   | No |
| 6             | 178   | 355 | Cemented Gravel, brown small<br>gravel |       | X  |
| 6             | 355   | 380 | Sand & Gravel w/some cobble            | X     |    |

## 3. PROPOSED USE

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

## 4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary  
☐ Cable ☐ Dug ☐ Other \_\_\_\_\_

## 5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other \_\_\_\_\_

| Thickness         | Diameter        | From             | To              |
|-------------------|-----------------|------------------|-----------------|
| <u>250</u> inches | <u>6</u> inches | <u>-178</u> feet | <u>378</u> feet |
| _____ inches      | _____ inches    | _____ feet       | _____ feet      |
| _____ inches      | _____ inches    | _____ feet       | _____ feet      |
| _____ inches      | _____ inches    | _____ feet       | _____ feet      |

Was casing drive shoe used? ☐ Yes ☒ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation \_\_\_\_\_ inches by \_\_\_\_\_ inches

| Number             | From       | To         |
|--------------------|------------|------------|
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |

Well screen installed? ☐ Yes ☒ No

Manufacturer's name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel \_\_\_\_\_

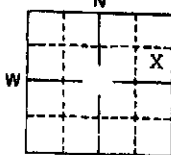
Placed from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface seal depth \_\_\_\_\_ Material used in seal: ☐ Cement grout☐ Bentonite ☐ Puddling clay ☐ \_\_\_\_\_Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☐ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Weld ☐ Cemented between strata

Describe access port \_\_\_\_\_

## 6. LOCATION OF WELL

Sketch map location must agree with written location

Subdivision Name 1991Lot No. 3 Block No. 2County KootenaiSE 1/4 NE 1/4 Sec. 3, T. 53N N/S, R. 3W E/W.

## 10.

Work started 8-22-90 finished 8-23-90

## 11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were  
complied with at the time the rig was removed.Firm Name PONDEROSA DRILLING Firm No. 228

E. 6010 Broadway

Address Spokane, WA 99212 Date 8/27/90Signed by (Firm Official) W. Scott Barrett

and

W. Scott Barrett

(Operator)

Lodie E. Hanner

USE ADDITIONAL SHEETS IF NECESSARY -- FORWARD THE WHITE COPY TO THE DEPARTMENT