

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. WELL TAG NO. D0033524Drilling Permit No: 811143

Other IDWR No. _____

2. OWNER

Well Number: _____

Name Sims, Dave

727

Address 902 S. Riverside Harbor DriveCity Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N			
	X		
S			

Twp. 50 ☒ North or ☐ South
Rge. 4 ☐ East or ☒ West
Sec. 8 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site Off Maplewood Ave &
City Post Falls

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

Lt. 1 Blk. 1 Sub. Name Timber River E

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 Sacks or Pounds	METHOD
Material	From	To		
BENTONITE	0	18	400 lbs	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
5	210	220	.250	Steel	☒	☐	☒	☐
6	2	215	.250	Steel	☒	☐	☒	☐

Length of Headpipe 6 Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type Stainless Steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
215	220	.10	1	5	Steel	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: GOODDepth first Water encountered 190

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	3	TOP SOIL	☐	☒
10	3	18	GRAVELS, CLAY, SAND	☐	☒
8	18	37	GRAVELS, CLAY, SAND	☐	☒
8	37	95	GRAVELS, SAND	☐	☒
8	95	150	SAND, GRAVELS	☐	☒
8	150	192	BASALT W/WATER	☒	☐
8	192	220	SAND	☒	☐

RECEIVED RECEIVED
MAR 22 2004 MAR 17 2004
IDWR/North IDWR/NorthCompleted Depth 220 (Measurable)
Date: Started 3/4/04 Completed 3/9/04

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 H2O WellService, Inc. Firm No. 448
Firm Official Jim McLeslie Date 03/12/04
and Jim McLeslie Date 03/11/04
Supervisor or Operator Jim McLeslie Date _____
(Sign Once if Firm Official and Operator)

50N 4W 8