

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0041479
DRILLING PERMIT NO. 839246
Water Right or Injection Well No. _____

2. OWNER:

Name Wayne Gondos
Address 11121 Silver Lake Rd. South
City Medical Lake State WA Zip 99022

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 53 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 19 SW 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site E. Parks Rd.
City Athol
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	22	9 Sacks	Overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 120' (Ring)
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	120'	.250	Steel	☒	☐	☒	☐
4	-5	420'	.125	PVC	☐	☒	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW Cut
Screen Type & Method of Installation N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
330'	420'	1/8x6	100	4"	PVC	☐	☒
100'	105'	1/4x1	20	6"	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

53 N 2 W 19

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>15</u>			<u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	22	Clay, GRAVEL			
8	22	61	Clay, GRAVEL			X
8	61	75	Large GRAVEL			X
8	75	92	Boulder			X
8	92	110	GRAVEL 5 GPM		X	
8	110	120	GRANITE 3 GPM		X	
5 1/2	120	330	GRANITE			X
5 1/4	330	365	FRACTURED GRANITE 2 GPM		X	
5 1/4	365	390	GRANITE			X
5 1/4	390	392	FRACTURED GRANITE 5 GPM		X	
5 1/4	392	420	GRANITE			X

RECEIVED

APR 27 2006

IDWR/North

Completed Depth 420' (Measurable)
Date: Started 4-21-06 Completed 4-25-06

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Horsley Drilling inc. Firm No. 632

Principal Driller C. Mark Horsley Date 4-26-06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES