

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 John T. or M. Jean Blankenship
Address Route 3 Box 385 Rathdrum 83858
Owner's Permit No. 95-80-N-52

7. WATER LEVEL

Static water level 245 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature cold F. Quality Good

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>30</u>	<u>—</u>	<u>1 hr.</u>

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>1</u> feet	<u>289</u> feet
<u>.250</u> inches	<u>8</u> inches	<u>1</u> feet	<u>253</u> 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 ☐ TorchSize of perforation 1/16 inches by 9 inches

Number	From	To
<u>10</u> perforations	<u>284</u> feet	<u>289</u> 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 _____

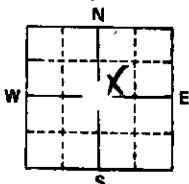
Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout☒ Pudding clay ☒ Well cuttingsSealing 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 _____

Lot No. _____ Block No. _____

County KootenaiSW 1/4 NE 1/4 Sec. 29, T. 52N, R. 4W E/W.

10.

Work started 1-17-80 finished 2-1-80

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name Associated Well Drillers Inc. Firm No. 245Address Box 723 C.D.A. Idaho Date 2-1-80Signed by (Firm Official) [Signature]and
(Operator) Robert F. HegartyBud Harnton

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