

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 Martin C. FrakerAddress Route 4, Box 323, Rathdrum, Id. 83858Owner's Permit No. 95-80-N-21**7. WATER LEVEL**Static water level 10' 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 _____

2. NATURE OF WORK☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____**8. WELL TEST DATA**☐ Pump ☐ Bailer ☐ Air ☐ Other _____

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

1 - G.P.M.**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>32'</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 18' Material used in seal: ☐ Cement grout☒ Puddling clay ☒ Well cuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

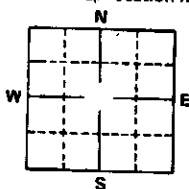
Weld _____

☐ 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 KootenaiSE ¼ SE ¼ Sec. 25, T. 53N N/S, R. 5W E/W.**10.**Work started 5/14/80 finished 5/14/80**11. DRILLERS CERTIFICATION**I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name Ponderosa Drilling Firm No. 228East 6010 BroadwayAddress Spokane, Wa. 99206 Date 5/15/80

Signed by (Firm Official) _____

and

(Operator) _____

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