N021710B

Form 238-7
1/94

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Ballpoint Pen or Ball Point Pen

RECEIVED
SEP 19 1994
NORTHERN REGION
IDWR

1. DRILLING PERMIT NO. 95 - 94 - N - 192 - 000
Other IDWR No.

2. OWNER:
Name MICK FITZGERALD
Address 170 JASPER RD
City COEUR D ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S — X

Twp. 50 North ☒ or South ☐
Rge. 04 East ☐ or West ☒
Sec. 17 ____ 1/4 NW 1/4 NW 1/4
(10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Kootenai

Address of Well Site
City
(Give at least name of road + Distance to Road or Landmark)

Lt. ____ Blk. ____ Sub. Name

4. PROPOSED USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK
☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	18	3 bags	Dry pour

Was drive shoe used? Y ☒ N ☐
Was drive shoe seal tested? Y ☒ N ☐ How? Drove into rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	18	.250	Steel	☒	☐	☒	☐
4"	-6	140	.160	PSI PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

MICROFILMED
JAN 09 1998

9. PERFORATIONS/SCREENS
☒ Perforations Method Skill Saw
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
100	140	1/8x4	120	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
30 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
15 GPM			

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	1	SOIL BROWN		
8	1	18	GRANITE WHITE & BLACK MED		X
6	18	37	GRANITE DECOMP BLACK & BROWN		X
6	37	45	GRANITE WHITE QUARTZ MED		X
6	45	52	GRANITE BROWN WHITE SOFT		
			W/WATER APPROX 15 GPM	X	
6	52	118	GRANITE WHITE & BLACK MED		X
6	118	124	GRANITE BLACK & WHITE & BROWN		
			MEDIUM		X
6	124	136	GRANITE WHITE & BROWN & BLACK		
			MED SOFT		X
6	136	146	GRANITE BLACK & WHITE SOME		
			BROWN MED		X
6	146	158	GRANITE BLACK WHITE W/GREEN		
			MEDIUM		X
6	158	160	GRANITE WHITE QUARTZ SOME		
			BLACK MED		X
			1 NEW BOLT ON CAP		

Completed Depth 160' (Measurable)
Date: Started 09/01/94 Completed 09/01/94

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 WELL SERVICE INC Firm No. 448

Firm Official [signature] Date 9-13-94
and
Supervisor or Operator [signature] Date 9-12-94