

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D10098

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

Name LANNING/SIDDOWAYWell Number: 888Address 5028 NE 55THCity PORTLAND State OR Zip 97218

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

			X

Twp. 51 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ WestE Sec. 10 1/4 NE 1/4 NE 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site HOLMES LANECity HAYDEN LAKE

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

Lt. _____ Blk. _____ Sub. Name _____

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	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	25	9 BAGS	DRY 8" OVERBOR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 25Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	25	.250	STEEL	☒	☐	☒	☐
4	-5	223	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
183	223	1/8X4	170	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.Depth flow encountered 45 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20-25		223	1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: _____

Depth first Water encountered 45

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	5	Topsoil W/Gravel	☐	☒
8	5	25	Granite Decomposed Brown	☐	☒
6	25	45	Granite Salt & Pepper	☐	☒
6	45	50	Granite Brown Soft W/Water 2.5 gpm	☒	☐
6	50	215	Granite Salt & Pepper	☐	☒
6	215	220	Granite Green & White W/Water 20+	☒	☐
6	220	223	Granite Salt & Pepper	☐	☒

Completed Depth 223' (Measurable)
Date: Started 6/11/99 Completed 6/11/99

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. 448Firm Official [Signature] Date 6/11/99and
Supervisor or Operator [Signature] Date 6/11/99

(Sign Once if Firm Official and Operator)

(Louie Hanner)