Google maps Address

Well
24222 N
Hwy 41

IDAHO DEPARTMENT OF WATER RESOURCES

Consulting and
nent Services

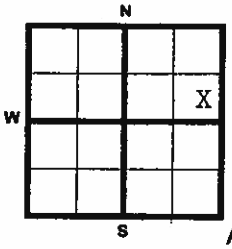
WELL DRILLER'S REPORT

Office Use Only
Inspected by_____
Twp_____Rge_____ Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

WELL TAG NO. D0028830
Drilling Permit No:
Other IDWR No.

2. OWNER **Well Number:** 653
Name TUBBS, WILLIAM
Address 24222 N. HWY 41
City RATHDRUM State ID Zip 83858

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



Twp. 52 ☑ North or ☐ South
Rge. 4 ☐ East or ☑ West
Sec. 5 _____ 1/4 SE 1/4 NE 1/4
Gov't Lot / County KOOTENAI
Lat: : : Long: : :
Address of Well Site SAME
City SAME
(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	
DRY GRANULE				
BENTONITE	0	18	10 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☑ N Shoe Depth(s) R.B.
Was drive shoe seal tested? ☐ Y ☑ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
6	+2	500	.250	STEEL	☑	☐	☑	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
460 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 500 ft. Describe access port or control devices: _____

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

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

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 460

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	3	Top Soil	☐	☐
10	3	40	Gravels, Sand & Cobble	☐	☐
8	40	240	3/4" Minus Gravel	☐	☐
8	240	325	Sand & Small Gravel	☐	☐
8	325	500	Gravel	☑	☐

COPY

Completed Depth 500 (Measurable)
Date: Started 9/16/03 Completed 9/18/03

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 **H20 WellService, Inc.** Firm No. **448**
Firm Official _____ Date _____
and
Supervisor or Operator _____ Date _____
(Sign Once if Firm Offical and Operator)
(Jim McLeslie)