

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028766

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

Well Number: _____

Name SWEENEY, MIKE & GAYLE

629

Address 917 E. 20TH AVE.City SPOKANEState WA Zip 99203

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

W	N	X	S	Twp. 51	☒ North or ☐ South
				Rge. 3	☐ East or ☒ West
				Sec. 11	1/4 NW 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site MYRTLE COURT

E. HAYDEN LK RD

City HAYDEN

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

Lt. 21

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	3 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☒	☐
4	-8	160	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations Method SKILL SAW

- ☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-143	164	1/4 X 6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50 ft. below ground Artesian pressure _____ lb.Depth flow encountered 163 ft. Describe access port or control devices: _____

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8 - 10			1 HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 80

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	7	Top Soil	☐	☐
8	7	18	Decomposed Granite	☐	☐
6	18	44	Decomposed Granite	☐	☐
6	44	59	White w/ Black Granite	☐	☐
6	59	77	Decomposed Granite	☐	☐
6	77	87	White w/ Black Granite	☒	☐
6	84	101	Decomposed Granite	☐	☐
6	101	118	White, Black & Copper Granite	☒	☐
6	118	130	White & Black Granite	☒	☐
6	130	163	White & Black Granite	☒	☐

COPY

Completed Depth 163 (Measurable)
 Date: Started 8/12/03 Completed 8/12/03

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 H2O WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and

Supervisor or Operator _____ Date _____

(Sign Once if Firm Official and Operator)

(Todd Morgan)