Form 238-7
4/92

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED
JAN 12 1994
Department of Water Resources

USE TYPEWRITER OR BALLPOINT PEN

State 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 GENE YOUNG #2

Address P.O. BOX 576, RATHDRUM, ID 83858

Drilling Permit No. 95-93-N-138-000

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6 inches	+ 2 feet	18 feet
PSI 1160 inches	4 inches	15 feet	460 feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? PVC ☒ Yes ☐ No DRILL
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 3/8 inches by 3/8 inches

Number	From	To
300 perforations	410 feet	460 feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

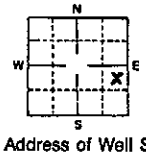
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata

Describe access port N/A

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County KOOTENAI
Address of Well Site CRYSTAL SPRINGS LANE (give at least name of road)
NE ¼ SE ¼ Sec. 26, T. 52N N ☐ or S ☐, R. 5W E ☐ or W ☐

7. WATER LEVEL

Static water level 50' 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 CLEAR
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
12 ESTIMATED	475'	1 HR.

89531

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
8"	0	1	SOIL		X
	1	13	DECOMPOSED GRANITE		X
	13	18	GRANITE TAN WHITE MED		X
6"	18	60	GRANITE TAN WHITE MED		X
	60	80	GRANITE B&W MED		X
	80	85	GRANITE B&W HARD 1GPM	X	
	85	225	GRANTIE B&W HARD		X
	225	250	GRANITE B&W MED		X
	250	385	GRANTIE B&W HARD		X
	385	410	QUARTZ WHITE HARD		X
	410	435	GRANITE B&W HARD		X
	435	440	GRANITE B&W HARD	X	
	440	475	GRANITE B&W HARD		X

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10.

Work started 7/21/93 finished 7/22/93

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name UNITED DRILLING Firm No. INC.
Address P.O. BOX 1690 Date 7/23/93
HAYDEN, ID 83835
Signed by Drilling Supervisor _____
and
(Operator) _____ (if different than the Drilling Supervisor)

95-13398

RETURNED
AUG 18 2009

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