

WELL DRILLER'S REPORT

77765

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

1. WELL TAG NO. D3964

Drilling Permit No: 95-98-N-101
Other IDWR No. _____

2. OWNER

Name WHITE, FRED Well Number: 736

Address 1148 E PRAIRIE AVE

City DALTON ESTATES State ID Zip 83815

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

	X	

Twp. 51 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 11 1/4 NE 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site LAKEWOOD ESTATE

City 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	18	3.5 SACKS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☒ Y ☐ N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	18	.250	STEEL	☒	☐	☒	☐
4	7	203	.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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

51 N 3 W 11

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 GPM			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 87

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	5	TOPSOIL	☐	☒
8	5	18	Decomposed Granite	☐	☒
6	18	85	Decomposed Granite	☐	☒
6	85	95	Decomposed Granite 1.5 gpm	☒	☐
6	95	105	Granite Medium 1.0 gpm	☒	☐
6	105	125	Granite Medium Hard 1.5 gpm	☒	☐
6	125	190	Granite Hard	☐	☒
6	190	203	Granite Hard 6 gpm	☒	☐

RECEIVED

AUG 10 1998

NORTHERN REGION
IDWR

Completed Depth 203' (Measurable)
Date: Started 7/24/98 Completed 7/24/98

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 [Signature] Date 7/24/98

and Supervisor or Operator [Signature] Date 7/24/98

(Sign Once if Firm Official and Operator)

(Mike Halterman)

SCANNED

95-13462

AUG 25 2009