

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0017259 JUN 08 2001

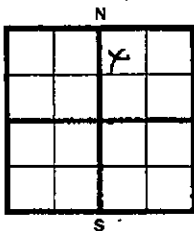
Drilling Permit No:
Other IDWR No. 769271 IDWR North

2. OWNER Larry Hammer Well Number: 233

Address 11936 N Three Forks Road

City Post Falls State ID Zip 83854

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



Twp. 52 ☒ North or ☐ South
Rge. 5 ☐ East or ☒ West
Sec. 31 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 11936 N Three Forks
City Post Falls

(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		
BENTONITE	0	18	12 sacks	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	-5	-245	.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
-225	-245	1/4x8	84	4	pvc	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure _____ lb.

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

52N 5W 31

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 15			

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: _____

Depth first Water encountered 185

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	2	Topsoil	☐	☒
10	2	12	Granite brown decomposed	☐	☒
10	12	18	Granite brown medium soft	☐	☒
6	18	120	Granite brown medium	☐	☒
6	120	185	Granite gray & white medium	☐	☒
6	185	195	Granite rose	☒	☐
6	195	210	Granite gray	☐	☒
6	210	225	Granite salt & pepper medium	☐	☒
6	225	230	Granite salt & pepper fractured w/H2O	☒	☐
6	230	245	Granite salt & pepper	☐	☒

RECEIVED

SEP 14 2001

Department of Water Resources

Completed Depth 245 (Measurable)
Date: Started 6/4/01 Completed 6/5/01

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 Mark R. [Signature] Date 6-7-01

and Supervisor or Operator Jim McLeslie Date 6/5/01

(Sign Once if Firm Official and Operator)

Jim McLeslie