

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0028204
 DRILLING PERMIT NO. 796041
 Water Right or Injection Well No. _____

RECEIVED

JUN 24 2003

2. OWNER:
 Name Mel Westlake
 Address P.O. Box 3036
 City Post Falls State ID Zip 83877

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 51 North ☒ or South ☐
 Rge. 5 East ☒ or West ☒
 Sec. 8 1/4 1/4 1/4
 Gov't Lot _____
 County Kootenai

Lat: 47° 47' 180 Long: 116° 59' 251
 Address of Well Site 12674 N. Smith Road

City _____
 (Give at least name of road + Distance to Road or Landmark)
 Lt. 2 Blk. 1 Sub. Name Richards Acres

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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	24	200#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 23'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	23	250	Steel	☒	☐	☒	☐
4"	5	405	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut 1/8" x 6" slot

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
385	405	1/8"	45	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
n/a				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2-3			4 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 59

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	19	Sand, dec. rock		x
	19	23	Shale, dec. broken		x
6	23	58	Shale, hard & dec. lenses		
			white & brown		x
	58	63	Shale, decomposed 1 gpm	x	
	63	70	Shale, hard & soft		x
	70	96	Shale, grey, white		x
	96	109	Shale, grey, hard		x
	109	112	Shale, decomposed, brown		x
	112	124	Shale, white		x
	124	137	Shale, grey, black & white		x
	137	146	Shale, white, soft	x	
	146	162	Shale, grey, black & white		x
	162	181	Shale, white, grey		x
	181	189	Shale, grey, white		x
	189	215	Shale, grey, rose		x
	215	220	Shale, black & white		x
	220	228	Shale, rose, black, white		x
	228	263	Shale, grey, green		x
	263	288	Shale, black, white		x
	288	309	Shale, grey, rose		x
	309	318	Shale, grey, black & white		x
	318	324	Shale, grey, hard		x
	324	346	Shale, hard & soft lenses		x
	346	371	Shale, grey, med to hard		x
	371	381	Shale, brown, soft	x	
	381	407	Shale, grey, hard		x

*Drill site chosen by professional water witch, not McCarty Drilling.

Completed Depth 407' (Measurable)

Date: Started 3-22-03 Completed 3-25-03

14. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc Firm No. 586

Principal Driller [Signature] Date 4-10-03

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

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