

1. DRILLING PERMIT NO. 95 - 95 - N - 0029 - 000
Other IDWR No. _____

2. OWNER:
Name PUCKETT, GEOFF
Address 1401 FLOWER ST
City GLENDALE State CA Zip 91201

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 50 North ☒ or South ☐
 Rge. 05 East ☐ or West ☒
 Sec. 18 1/4 SE 1/4 SW 1/4
 Gov't Lot _____ County KOOTENAI

Address of Well Site

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

Lt. Blk. Sub. Name

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	19	100 LBS	SLURRY

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) 19
Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	19	.250	STEEL	☒	☐	☒	☐
4	-7	520	.160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method SAV CUT

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
480	520	1/16	60	4	PVC	☐	☒ X
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3.5	2.5		1.5HR

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: **CLEAN**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 WELL SERVICE, INC. Firm No. 448

Firm Official: John Wilson Date: 03/09/95

and
Supervisor or Operator Mark L. Lee Date 03/09/95

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES