

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 046249
DRILLING PERMIT NO. 846818
Water Right or Injection Well No. _____



2. OWNER
Name Rick + Marcia Dial
Address Box 907
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. 50 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 12 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County IDAHO
Lat: _____ Long: _____
Address of Well Site 3869 Marine Dr.
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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>10</u>	<u>500 lbs</u>	<u>Pour</u>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB 183
Was drive shoe seal tested? ☒ Y ☐ N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>71</u>	<u>183</u>	<u>22</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER-TYPE
Perforation Method Touch
Screen Type & Method of Installation X

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>183</u>	<u>168</u>	<u>1/4"</u>	<u>90</u>	<u>6</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>X</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
124 ft. below ground Artesian pressure 0 lb.
Depth flow encountered _____ ft. Describe access port or control devices:
Welded cap

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>50+</u>	<u>Unknown</u>	<u>160</u>	<u>3 hr</u>

Water Temp. Cold Bottom hole temp. C
Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
<u>12</u>	<u>0</u>	<u>12</u>	<u>SAND + Gravel</u>	
<u>8</u>	<u>12</u>	<u>33</u>	<u>SAND gravel + clay</u>	
<u>8</u>	<u>33</u>	<u>130</u>	<u>Small gravel + clay</u>	
<u>8</u>	<u>130</u>	<u>183</u>	<u>Large Gravel</u>	☒

RECEIVED
JUN 06 2007
IDWFI/North

Completed Depth 180 (Measurable)
Date: Started 5-22-07 Completed 5-29-07

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 Brand X Water Wells Firm No. 28
Principal Driller Samuel Carlson Date 4/8/08
and
Driller or Operator II Jimmy R. Condon Date 6-1-08
Operator I _____ Date _____
Principal Driller and Rig Operator Required.