

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95 - 94 - N - 172
Other IDWR No. _____

Name GREG TIPANE
Address 870 N HIGHLAND CT
City POST FALLS State Zip 83854

Sketch map location must agree with written location.



Twp. 52 North ☒ or South ☐
 Rge. 05 East ☐ or West ☒
 Sec. 26, $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$
 Gov't Lot _____ County Kootenai

Address of Well Site Youngs Crystal

Springs Estates

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

Lt. _____ Blk. _____ Sub. Name _____

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

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	40	10 sacks	Crumbles

Was drive shoe used? Y ☒ N ☐

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

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	38	250	Steel	☒	☐	☒	☐
4"	-10	505	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

☒ Perforations Method Saw Cut
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
465	505	1/16	60	4"	PVC	☐	☒
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6			2 hrs

Water Temp. Cold Bottom hole temp. _____
Water Quality test or comments: Good & Clean

[illegible]

Completed Depth 505' (Measurable)
Date: Started 08/24/94 Completed 08/24/94

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 W. Smith Date 9-3-94
and _____

Supervisor or Operator Mark L. Lee Date 8/31/94

(Sign once if Firm Official & Operator)