

**IDAHO DEPARTMENT OF WATER RESOURCES**
WELL DRILLER'S REPORT

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or
Ball Point Pen

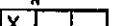
1. DRILLING PERMIT NO. 95 - 94 - N 153 000
Other IDWA No. _____

2. OWNER:

Name WILBER MEAD
Address S. 3900 WILBER RD.
City POST FALLS, State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 50N North ☒ or South ☐
 Rge. 5W East ☐ or West ☒
 Sec. 20 $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$
 Gov't Lot _____ County KOOTENAI $\frac{1}{4}$

Address of Well Site **TOP OF CARPENTER**

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

Lt. _____ Bk. _____ 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	Bags or Pounds	
BENTONITE	0	38	7	OVERBORE

Was drive shoe used? ☒ Y ☐ N

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	38	250	STEEL	☒	☐	☒	☐
4"	20	240	160	PSI PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method DRILL
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	liner
180	240		300	3/8"	PVC	☐	X
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

NE NW 20 50N 5W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
30 EST.	N/A	240	1 HR

Water Temp. COLD Bottom hole temp. COLD

Water Quality test or comments: CLEAR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	1	SOIL		X
	1	23	CLAY BROWN/TAN		X
	23	30	GRANITE TAN/BLACK DECOMPOSED		X
	30	38	GRANITE B&W MED		X
6"	38	123	GRANITE B&W MED		X
	123	125	GRANITE B&W SOFT (4)	X	
	125	215	GRANITE B&W MED		X
	215	218	GRANITE B&W SOFT (30)	X	
	218	240	GRANITE B&W MED		X

RECEIVED

SEP 1 1994

NORTHERN REGION
CDWR

Completed Depth 240' (Measurable)
Date: Started 7/22/94 Completed 7/25/94

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 UNITED DRILLING INC. Firm No. 414

Firm Official Lori D. Kelly, VP Date 7-27-87
and

Supervisor or Operator Looney Van der Horst Jr Date 7/27/94
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

Kevin McGrath