Form 238-7
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

DECEIVED — TYPE OR USE BALLPOINT PEN
MAR 31 1988
Department of Water Resources
POSTED

1. WELL OWNER

Name Kent Terry

Address 299 Kelly Rae Dr. Hayden Lake, Id

Owner's Permit No. 95-87-W-24

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6 inches	+ 1 feet	48 feet
_____ inches	_____ inches	_____ feet	_____ feet
160 PVC inches	4 inches	35 feet	175 feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☒ saw
Size of perforation 3/16 inches by 4 inches

Number		From	To
100	perforations	35 feet	145 feet
_____	perforations	_____ feet	_____ feet
_____	perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter ___ Slot size ___ Set from ___ feet to ___ feet
Diameter ___ Slot size ___ Set from ___ feet to ___ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☒ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☒ Solvent Weld ☐ Cemented between strata
Describe access port well cap

6. LOCATION OF WELL

Sketch map location must agree with written location.

N / W / E / S

Subdivision Name Cor Lt 2

Lot No. _____ Block No. _____

County Kootenai

SW ¼ NE ¼ Sec. 4, T. 51 N N/S, R. 3 W E/W.

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7. WATER LEVEL

Static water level 45 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature ____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
12	170	2

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
	1	25	brn clay		x
	25	45	white clay		x
	45	80	broken basalt	x	
	80	135	basalt	x	
	135	145	broken basalt	x	
	145	175	dark brn shale	x	

Gravel

10.

Work started 10-2-87 finished 10-6-87

11. DRILLERS CERTIFICATION

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

Firm Name Bronson Water Wells Firm No. 360

Address Box 1 Spirit Lake, Id Date 10-7-87

Signed by (Firm Official) _____

and

(Operator) _____

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT