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Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

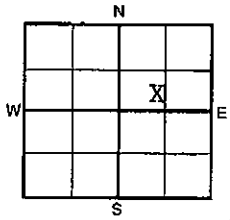
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95 -95 -N -136 -000
Other IDWR No. _____

2. OWNER:
Name BRENT & BERNETTA BLANKENSHIP
Address W 3900 KIDD ISLAND BAY
City COEUR D ALENE State ID Zip 83835

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.



Twp. 49 North ☒ or South ☐
Rge. 04 East ☐ or West ☒
Sec. 03 , ____ 1/4 SW 1/4 NE 1/4
(10 acres / 40 acres / 160 acres)
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site KIDD ISLAND RD
_____ City _____
(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	4 BAGS	OVERBORE DRY

Was drive shoe used? ☒Y ☐N Shoe Depth(s) 120'
Was drive shoe seal tested? ☒Y ☐N How? DROVE INTO ROCK

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	120	.250	STEEL	☒	☐	☒	☐
4	-5	240	.160	PSI PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
200	240	1/8x4	140	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
75 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:
SWNE 3 49N 4W

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
80+			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____
_____ Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
10	0	45	BROKEN BASALT W/GRAVEL		
			SEAMS SOME CLAY		X
10	45	61	CLAY YELLOWISH TAN		X
10	61	68	CLAY TAN W/SAND		X
10	68	75	CLAY YELLOWISH BROWN		X
10	75	83	CLAY GRAY MED		X
10	83	98	CLAY DARK BROWN HARD		X
10	98	107	QUICK SAND SILTY GRAY	X	
10	107	111	CLAY DARK BROWN		X
10	111	115	CLAY GRAY MED		X
10	115	117	BASALT DARK GRAY HARD		X
10	117	118	SAND W/WATER & CLAY		
			2-3 GPM	X	
6	118	227	BASALT DARK GRAY HARD		X
6	227	235	BASALT FRACTURED W/WATER		
			APPROX 80+ GPM	X	
6	235	240	BASALT DARK GRAY HARD		X
			1 - TUBEX 8" SHOE		

Completed Depth 240' (Measurable)
Date: Started 8/15/95 Completed 8/16/95

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 Wheeley Date 8-31-9
and
Supervisor or Operator _____ Date 8-24-
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES