

WELL DRILLER'S REPORT

NOV 24 1985

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.

1. WELL OWNER

Name Earl Callander
P.O. Box 685
Address Hayden Lake, Id 838435
Owner's Permit No. 95-89-1-96

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 2.50 inches Diameter 6 inches From 1 feet To 56 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ 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
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ 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 20 Material used in seal: ☐ Cement grout
☐ Bentonite ☐ Pudding 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 _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

Subdivision Name: 11/12/13

JUN 10 1991

Lot No. _____ Block No. _____

County Kootenai
SW 1/4 NE 1/4 Sec. 3, T. 51 N, R. 3 E

7. WATER LEVEL

Static water level 35 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 good
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>30</u>	<u>85</u>	<u>1</u>

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>50</u>	<u>Decomposed granite</u>		☒
<u>6</u>	<u>50</u>	<u>88</u>	<u>Decomposed granite</u>	☒	
			<u>30 gpm at 58-70</u>		

RECEIVED

NOV 16 1989

NORTHERN REGION

IDWR

10.

Work started 11-14-89 finished 11-14-89

11. DRILLERS 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
P.O. Box 2499
Address Coeur d' Alene, Id Date 11-15-89
Signed by (Firm Official) Ellen R. Helgeson
and
(Operator) Tim Volking

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