

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.

RECEIVED

MAR 11 1976

1. WELL OWNER
Name DAVE ENNS
Address Mica Flats
Owner's Permit No. STAR ROUTE COA. 10A

2. NATURE OF WORK
95-76-N-53
☒ New well
☐ Deepened
☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE
☒ Domestic
☐ Irrigation
☐ Test
☐ Other (specify type)
☐ Municipal
☐ Industrial
☐ Stock
☐ Waste Disposal or Injection

4. METHOD DRILLED
☐ Cable
☒ Rotary
☐ Dug
☐ Other

5. WELL CONSTRUCTION
Diameter of hole 6 inches Total depth 75 feet
Casing schedule: ☐ Steel ☐ Concrete
Thickness 150 inches Diameter 6 inches From 1 feet To 75 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 18' Material used in seal ☐ Cement grout
☒ Puddling clay ☐ Well cuttings
Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing
☒ Overbore to seal depth

6. LOCATION OF WELL
Sketch map location must agree with written location

Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
SE 1/4 NW 1/4 Sec. 32, T. 53, N. 4, R. 4

7. WATER LEVEL
Static water level 0 feet below land surface
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA
☐ Pump ☐ Bailer ☒ Other AIR
Discharge G.P.M. 16 GPM Draw Down _____ Hours Pumped _____

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>75</u>	<u>Clay with sand</u>		
<u>6</u>	<u>75</u>	<u>75</u>	<u>Gravelly sand</u>		

10. Work started 2/11/76 finished 2/11/76

11. DRILLERS CERTIFICATION
Firm Name Associated Well Firm No. 245
Address Box 723 C.D.A. Date 2/16/76
Signed by (Firm Official) [Signature]
and (Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY.

FORWARD THE WHITE COPY TO THE DEPARTMENT