RECEIVED 5/20/98 db

APR 01 1998

NORTHERN REGION IDWR

Form 238-7 3/96

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Page 2 of 2

Office Use Only
Inspected by _____
Twp ____ Rge ____ Sec ____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 94-98-N-2
Other IDWR No. D3668

2. OWNER:
Name Clay Dumont
Address 10080 Bentley Creek Rd.
City Cataldo State ID Zip 83810

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

N / W / E / S — X

Twp. 49 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 23 , ____ 1/4 SE 1/4 NE 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site 10080 Bentley Crk
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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	19	200#	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 201½'
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1½	201½	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
26 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

T49N R1W 23 SE NE

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

Yield gal./min.	Drawdown	Pumping Level	Time
5	184'		

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	1	Topsoil		X
8	1	16	Clay, red/brn		X
8	16	18	Clay, grey		X
6	18	26	Clay, grey		X
6	26	32	Clay, pink		X
6	32	36	Clay, red		X
6	36	38	Sand, silt, red, 10gpm	X	
6	38	42	Clay, sand, red/brn		X
6	42	46	Clay, red/brn		X
6	46	49	Clay, pink		X
6	49	64	Clay, tan		X
6	64	70	Clay, grey/grn ½gpm	X	
6	70	143	Clay, green		X
6	143	152	Clay, grey		X
6	152	156	Clay, green	X	
6	156	162	Clay, gravel, green		X
6	162	184	Clay, gravel, grn 1gpm	X	
6	184	190	Gravel, green, angular	X	
6	190	196	Gravel, green, coarse	X	
6	196	200	Gravel, grn, coarse 2gpm	X	
6	200	202	Gravel, grn, coarse 6gpm	X	
6	202		Shale, green, hard		X

Completed Depth 201½' (Measurable)
Date: Started 3/06/98 Completed 3/20/98

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 McCarty & Associates Firm No. 586
Firm Official Brent McCarty Date 3-22-98
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES