

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER

Name JAMES T. OR PHYLLIS A. KERNS
Address RATHBORN, ID. 83858
Owner's Permit No. 95-85-N-26

7. WATER LEVEL

Static water level 50 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature Cold Quality Good
Describe artesian or temperature zones below.

2. NATURE OF WORK

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

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>5</u>	<u>Variable</u>	<u>1/2 hr.</u>

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
<u>1.350</u> inches	<u>6</u> inches	<u>2</u> feet	<u>21</u> feet
<u>1.250</u> inches	<u>4</u> inches	<u>60</u> feet	<u>325</u> feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
<u>100</u> perforations	<u>295</u> feet	<u>305</u> feet
<u>100</u> perforations	<u>245</u> feet	<u>265</u> feet
<u>100</u> perforations	<u>205</u> feet	<u>225</u> 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 _____

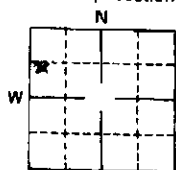
Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☒ CottonSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KootenaiSec. 34, T. 52 N., R. 5 E.

10.

Work started 4/24/85 finished 4/26/85

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name Associated Well Firm No. 245Address Box 723 C.P.A. Date 4/26/85Signed by (Firm Official) Bob Thompsonand
(Operator) Robert F. Rogers