Form 238-7 Post Falls
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

POSTED

USE 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.

N JEB

1. WELL OWNER

Name Calvin Mathis

Address E/3410 Riverview cda

Owner's Permit No. 41712 95-87-N-15

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	Diameter	From	To
.250 inches	6" inches +	1½ feet	19½ 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 19½ Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling 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 / S

Subdivision _____
Lot No. _____ Block No. _____

County Kootenay

NE ¼ SW ¼ Sec. 7, T. 50 N/S, R. 5 E/W

7. WATER LEVEL

Static water level 0 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 _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
5 GPM	225'	2

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
8"	0	19½	TOPSOIL HARD GRANITE	X	
6"	19½	80	HARD GRANITE B'W		X
"	80	100	HARD BLACK & WHITE GRAN.		X
"	100	105	SOFT WHITE QUARTZ	X	
"	105	180	HARD BLACK & WHITE GRAN.		X
"	180	185	SOFT B & W GRANITE		X
"	185	204	HARD B'W GRANITE		X
"	204	210	SOFT BLACK WHITE GRAN	X	
"	210	225	HARD B'W GRANITE		X
			T.D.		

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10. Work started 9-4-87 finished 9-8-87

11. DRILLERS 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 Firm No. 4408
Address Hayden Idaho Date 9-8-87
Signed by (Firm Official) John Wheeler
and
(Operator) William L. Pitts

MICROFILMED OCT 17 1988

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