

WELL DRILLER'S REPORT

Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

WELL TAG NO. D0035231

Drilling Permit No: _____

Other IDWR No. _____

OWNER

Well Number:

Name Cooper, Karen

790

Address W 6848 Willadsen Rd

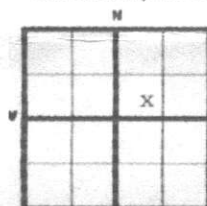
City Rathdrum

State ID

Zip 83858

LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 52

☒ North or ☐ South

Rge. 04

☐ East or ☒ West

Sec. 30

1/4 SW 1/4 NE 1/4

Gov't Lot

County

KOOTENAI

Lat: _____

Long: _____

Address of Well Site 6848 Willadsen Rd

City Rathdrum

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation

☐ Thermal ☐ Injection ☐ Other _____

TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	450 lbs	Overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB

Was drive shoe seal tested? ☐ Y ☐ N How? _____

CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	12	102	.250	Steel	☒	☐	☒	☐
4	22	322	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

PERFORATIONS/SCREENS

☒ Perforations Method Skil saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
302	322	1-8x6	50	4	PVC	☐	☒

0. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or

control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4			1hr

Water Temp. Cold Bottom Hole Temp. Cold

Water Quality test or comments: Clear

Depth first Water encountered 141

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Top Soil	☐	☒
8	2	24	Sand, Gravel, Cobble	☐	☐
8	24	95	Sand & Gravels	☐	☒
8	95	102	Granite White Brown	☐	☒
5 1/2	102	141	Granite White Brown Soft	☒	☐
5 1/2	141	206	Granite White w Black	☐	☐
5 1/2	206	219	Granite Black w White	☒	☐
5 1/2	219	229	Granite White	☐	☒
5 1/2	229	268	Granite White w Black	☐	☒
5 1/2	268	284	Granite Black w White	☒	☐
5 1/2	284	322	Granite White w Black	☐	☒

Completed Depth 322 (Measurable)

Date: Started 7/30/2004 Completed 7/31/2004

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 H2O Well Service, Inc. Firm No. 448

Firm Official *[Signature]* Date 08/03/04

and *[Signature]*

Supervisor or Operator *[Signature]* Date 08/02/04

Todd Morgan

(Sign Once if Firm Official and Operator)