

092347
RECEIVED
MAY 08 1964
NORTHERN REGION
-IPWR

Use Typewriter
or
Ball Point Pen

2. OWNER:
Name DANIEL PERRY
Address 4255 SKY HARBOR DR
City COEUR D ALENE State ID Zip 83814

Sketch map location must agree with written location.



Twp. 50 North ☒ or South ☐
 Rge. 03 East ☐ or West ☒
 Sec. 29 $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$
 Gov't Lot _____ County KOOTENAI 10 acres 10 acres 100 acres

Address of Well Site SILVER BEACH
 _____ City _____
 (Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	5 sacks	Crumbles

Was drive shoe used? Y ☒ N ☐
Was drive shoe seal tested? Y ☐ N ☐ How?

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	120'	250	STEEL	☒	☐	☒	☐
4"	-5	265	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

☒ Perforations Method SAW CUT
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
215	265	4x4"	120	4"	PVC	☐	☒
						☐	☐
						☐	☐

80 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: _____

NE SW 29 50N 3W

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
7			1 hr

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 Robert H. Kline Date 5-5-94

and

Supervisor or Operator Mark X. De Date 5-5-94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

DUNTON PIN 50N03W-29-7950

2004

