Form 238-7
3/95
Statistical Consulting and Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097072

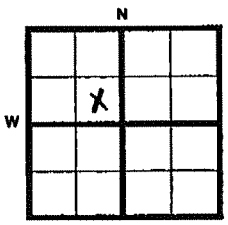
RECEIVED
JAN 23 1997
IDWR

Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-96-N-026-000
IDWR No.

2. OWNER **Well Number:** 373
Name BUZOLICH, NICK
Address E 6680 PARK DR
City HAYDEN LAKE State ID Zip 83835

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



Twp. 52 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 34 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site E 6680 PARK RD
OFF LANCASTER 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 _____

DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	22	4 BAGS	OVERBORE/DR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 23
Was drive shoe seal tested? ☒ Y ☐ N How? Drove into Rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	23	.250	STEEL	☒	☐	☒	☐
4	-8	83	.160	PSI/PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
43	83	1/8X4	140	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
20 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
15-20 GPM			

Water Temp. _____ Bottom Hole Temp _____
Water Quality test or comments: _____
Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonmen

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	3	Topsoil	☐	☒
8	3	23	Granite Decomposed Brown Soft	☐	☒
6	23	63	Granite White & Black W/Brown Med	☐	☒
6	63	66	Granite Brown & White W/Water 15 t	☒	☐
6	66	83	Granite White & Black	☐	☒
	0	0	1 - Bolt on Cap 6"	☐	☐
	0	0	Granite/Shale	☐	☐

Completed Depth 4-19-96 (Measurable)
Date: Started 4-19-96 Completed

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 H20 WellService, Inc. Firm No. 448
Firm Official _____ Date 4-21-9
and
Supervisor or Operator Louie Date 4-21-96
(Sign Once if Firm Offical and Operator)

SENW 34 52N 3W

95-14469

SCANNED
OCT 21 2009