

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long: :

1. WELL TAG NO. D10507Drilling Permit No: 95-99-N-0145-000Other IDWR No. 754916

2. OWNER

Well Number:

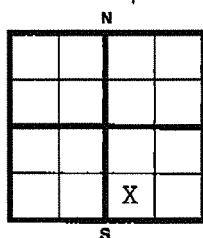
Name ELSTON, RICHARD #1

927

Address W 3312 CONNAUGHTCity SPOKANE State WA Zip 99205

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 51 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ WestSec. 22 1/4 SW 1/4 SE 1/4Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site 8508 S Hayden LakeCity Hayden

(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 _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	38	8 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.250	STEEL	☒	☐	☒	☐
4	-8	103	.160	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
63	103	1/8X4	170	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45 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
5 GPM		100	1 HR

Water Temp. COLD Bottom Hole Temp. COLDWater Quality test or comments: GOODDepth first Water encountered 63'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	15	TOPSOIL	☐	☒
8	15	38	Granite Decomposed Brown Soft	☐	☒
6	38	63	Granite Salt & Pepper Medium	☐	☒
6	63	68	Granite Salt & Pepper W/Green W/Wat	☒	☐
6	68	103	Granite Salt & Pepper	☐	☒

RECEIVED
FEB 11 2000
IDWR/North

Completed Depth 103' (Measurable)
Date: Started 8/26/99 Completed 8/26/99

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 WellService, Inc. Firm No. 448Firm Official John Whisenand Date 08/26/99and Supervisor or Operator Louie Hanner Date 08/26/99

(Sign Once if Firm Official and Operator)

95-14671

NOV 16 2009

51 N 3 W 22