NORTHERN REGION IDWR
Form 238-7
3/95
RECEIVED MAY 19 1997

IDAHO DEPARTMENT OF WATER RESOURCES
POSTED
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

097853

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-97 - N -17 -____
Other IDWR No. _____

2. OWNER:
Name Mike Detar
Address 2120 W. Riverview
City Post Falls State ID Zip 83854

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

N / W / E / S — x

Twp. 50 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 9, ____ 1/4 NW 1/4 SW 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site same
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 _____

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

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or ~~Pounds~~	METHOD
bentonite	0	19	14	dry poured

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19'
Was drive shoe seal tested? ☐Y ☐N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	19	250	steel	☒	☐	☐	☐
4"	10	200	200	pvc	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method saw cut 1/8 x 4
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	200		56			☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
25' 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
12	120	125	4 hrs

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: bact. test - absent
Depth first Water Encountered 52

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
10	0	19	Gneiss, decomposed, tan		
6	19	21	Gneiss, hard, quartz, tan		
6	21	26	Schist, mica, soft, brn		
6	26	30	Gneiss, hard, quartz, tan		
6	30	46	Gneiss, hard, quartz, brn		
6	46	49	Gneiss, hard, quartz, brn		
6	49	52	Schist, mica, grey, soft	x	
6	52	57	Broken rock, grey		
6	57	64	Schist, mica, med hard		
6	64	70	Gneiss, hard, quartz, brkn	x	
6	70	85	Schist, mica, grey, hard		
6	85	100	Schist, mica, grey, med		
6	100	110	Gneiss, hard, quartz, pink		
6	110	112	Gneiss, med hard		
6	112	125	Gneiss, hard, pink-grey		
6	125	128	Schist, mica, grey, hard		
6	128	153	Schist, mica, grey, med		
6	153	159	Schist, mica, grey, soft		
6	159	183	Schist, mica, grey, pink		
6	183	189	Schist, mica, pink, soft	x	
6	189	200	Schist, mica, quartz, hard		

Completed Depth 200' (Measurable)
Date: Started 4-4-97 Completed 4-16-97

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 McCarty & Associates Firm No. 586
Firm Official Bart McCarty Date 4-25-97
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES 95-14426

NWSW 9 50N 5W

SCANNED