

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE WRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Bud Boisen</u> Address <u>N. 10505 THREE FORKS RD.</u> <u>POST FALLS.</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>120</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow <u>15</u> Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																															
2. NATURE OF WORK <u>95-85-N-40</u> ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped																																											
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6"</td><td>0</td><td>2</td><td>TOP SOIL</td><td></td><td>X</td></tr><tr><td></td><td>2</td><td>8</td><td>BRO. CLAY & BOULDERS</td><td></td><td>X</td></tr><tr><td></td><td>8</td><td>123</td><td>COMP. GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>123</td><td>230</td><td>GRANITE HARD W/ FRACTS.</td><td></td><td>X</td></tr><tr><td colspan="6">WATER BEARING = 100'-120' 215'-220'</td></tr><tr><td colspan="6">WELL IS LINED WITH 4" PVC BOTTOM 80' PERFORATED</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	2	TOP SOIL		X		2	8	BRO. CLAY & BOULDERS		X		8	123	COMP. GRANITE		X		123	230	GRANITE HARD W/ FRACTS.		X	WATER BEARING = 100'-120' 215'-220'						WELL IS LINED WITH 4" PVC BOTTOM 80' PERFORATED					
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																																	
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>250 inches</td><td>6 inches</td><td>1 feet</td><td>63 feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Puddling clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld Describe access port <u>1/4" OPENING</u> ☐ Cemented between strata		Thickness	Diameter	From	To	250 inches	6 inches	1 feet	63 feet													Number	From	To										10. Work started <u>7/23/85</u> finished <u>7/25/85</u>															
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6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td>X</td><td></td><td>E</td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table> County <u>KOOTENAI</u> <u>52</u> <u>NW 1/4 SE 1/4</u> Sec. <u>31</u> T. <u>52</u> N. R. <u>5</u> WBM Subdivision Name _____ Lot No. _____ Block No. _____		N					W		X		E	S					11. DRILLERS CERTIFICATION <u>00</u> I/We certify that all minimum well construction standards were compplied with at the time the rig was removed. Firm Name <u>Joe J. Bullis</u> Firm No. <u>319</u> Address <u>5613 30th St. RC</u> Date <u>7-26-85</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>Same</u>																																
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