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Form 238-7
4931N 01 1993STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESL
USE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State 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 DON SCOTTAddress 2525 CHURCH RD RATHDRUM ID 83858Drilling Permit No. 95-93-N-57-000

Water Right Permit No. _____

7. WATER LEVEL

Static water level 15 feet below land surface.Flowing? ☐ Yes ☒ No

G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality _____

Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
- ☐
- Modification
-
- ☐
- Abandoned (describe abandonment or modification procedures
-
- such as liners, screen, materials, plug depths, etc. in lithologic
-
- log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
2	400	1

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Monitor
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

104540

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	9	Topsoil, Clay, Sand		X
10	9	15	Sand, Gravel	X	
10	15	20	Granite, Brn, Wht, Decomposed		X
8	20	22	Granite, Brn, Wht, Decomposed		X
6	22	107	Granite, Brn, Wht, Decomposed	X	
6	107	245	Granite, Black, Wht, Med Hard		X
6	245	246	Granite, Blk, Wht, Fracture	X	
6	246	403	Granite, Blk, Wht, Med, Hard		X

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Auger
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Mud
- ☐
- Other _____
-
- (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	+ <u>2</u> feet	<u>22</u> feet
<u>160</u> inches	<u>4</u> pvc inches	<u>7</u> feet	<u>403</u> feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ No Skill SawHow perforated? ☐ Factory ☐ Knife ☐ Torch ☐ GunSize of perforation? 1/4 inches by 6 inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

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 20 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit☐ Temp. surface casing ☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

10.

Work started 05/14/93 finished 05/18/93

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAI

Address of Well Site SAME
(give at least name of road)

T. 51 N ☒ or S ☐
_____ 1/4 NW 1/4 Sec. 4, R. 5 E ☐ or W ☒

11. 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 WELL SERVICE Firm No. #448Address 582 W Hayden AVE Date 05/18/93

Signed by Drilling Supervisor _____

and
(Operator) _____
(If different than the Drilling Supervisor)SCANNED
NOV 19 2009

SCOTT 95-4697 PIN 51N05W-04-5450



SCANNED
NOV 19 2009