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IDWR/North

Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

076653

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

1. DRILLING PERMIT NO. 95-99-N-53
Other IDWR No. D0005452

2. OWNER:
Name Ozzie Pliskat
Address 3820 S Deer Ridge Drive
City Post Falls State ID Zip 83854

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

POSTED

N / W / E / S

Twp. 50 North ☒ or South ☐
Rge. 6 East ☐ or West ☒
Sec. 13, ____ 1/4 NW 1/4 SE 1/4
(10 acres, 40 acres, 160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site 18332 W. Holland
City Post Falls
(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
barroid bentonite	0	68	350lbs	pumping

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 68
Was drive shoe seal tested? ☐ Y ☒ N How?____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	67	.250	steel	☒	☐	☐	☐
4		360	200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe - Length of Tailpipe -

9. PERFORATIONS/SCREENS
☐ Perforations Method____
☐ Screens Screen Type____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
____ft. below ground Artesian pressure 1-2 lb.
Depth flow encountered ____ft. Describe access port or control devices: Cap w/ Valve & Gauge

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15	-	-	-

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____
Depth first Water Encountered ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	1	Topsoil		X
8	1	24	Sand		X
8	24	57	Decomposed Granite		X
8	57	75	Granite, Medium		X
6	75	76	Granite, Fractured - Water 1/2gpm	X	
6	76	110	Granite, Medium		X
6	110	111	Granite, Fractured - Water 1.5gom	X	
6	111	159	Granite, Medium		X
6	159	160	Granite, Fractured - Water 4gpm	X	
6	160	190	Granite, Medium		X
6	190	195	Granite, Very Hard		X
6	195	197	Granite, Medium		X
6	197	202	Granite, Fractured - Water 9gpm	X	
6	202	360	Granite, Medium w/ Slight Fractures		X

Completed Depth 360 (Measurable)
Date: Started 5/18/99 Completed 5/20/99

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 J & J Drilling Inc. Firm No. 319
Firm Official [signature] Date 5/24/99
and
Supervisor or Operator Don Anderson Date 5/24/99
(Sign once if Firm Official & Operator)

50N 6W 13

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
NOV 27 2009