Form 238-7
11/97

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

RECEIVED
FEB 20 2001
IDWR-North

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

**1. WELL TAG NO.** D 0017001
DRILLING PERMIT NO. ____-____-____-____
Other IDWR No. 767847

**2. OWNER:**
Name Matt Tullener
Address 5856 W River View Dr
City Post Falls State ID Zip 83854

POSTED

**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. 6 East ☐ or West ☒
Sec. 12, ____ 1/4 SW 1/4 SE 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site River View Dr
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 deepen

**6. DRILL METHOD**
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other ____

**7. SEALING PROCEDURES**

| SEAL/FILTER PACK Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +2 | 180 | 250 | steel | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

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:**
134 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: cap

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

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| | | | |
| 40 | | 180 | 1hr. |
| | | | |

Water Temp. cold Bottom hole temp. ____
Water Quality test or comments: clear
Depth first Water Encountered 134 Water

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

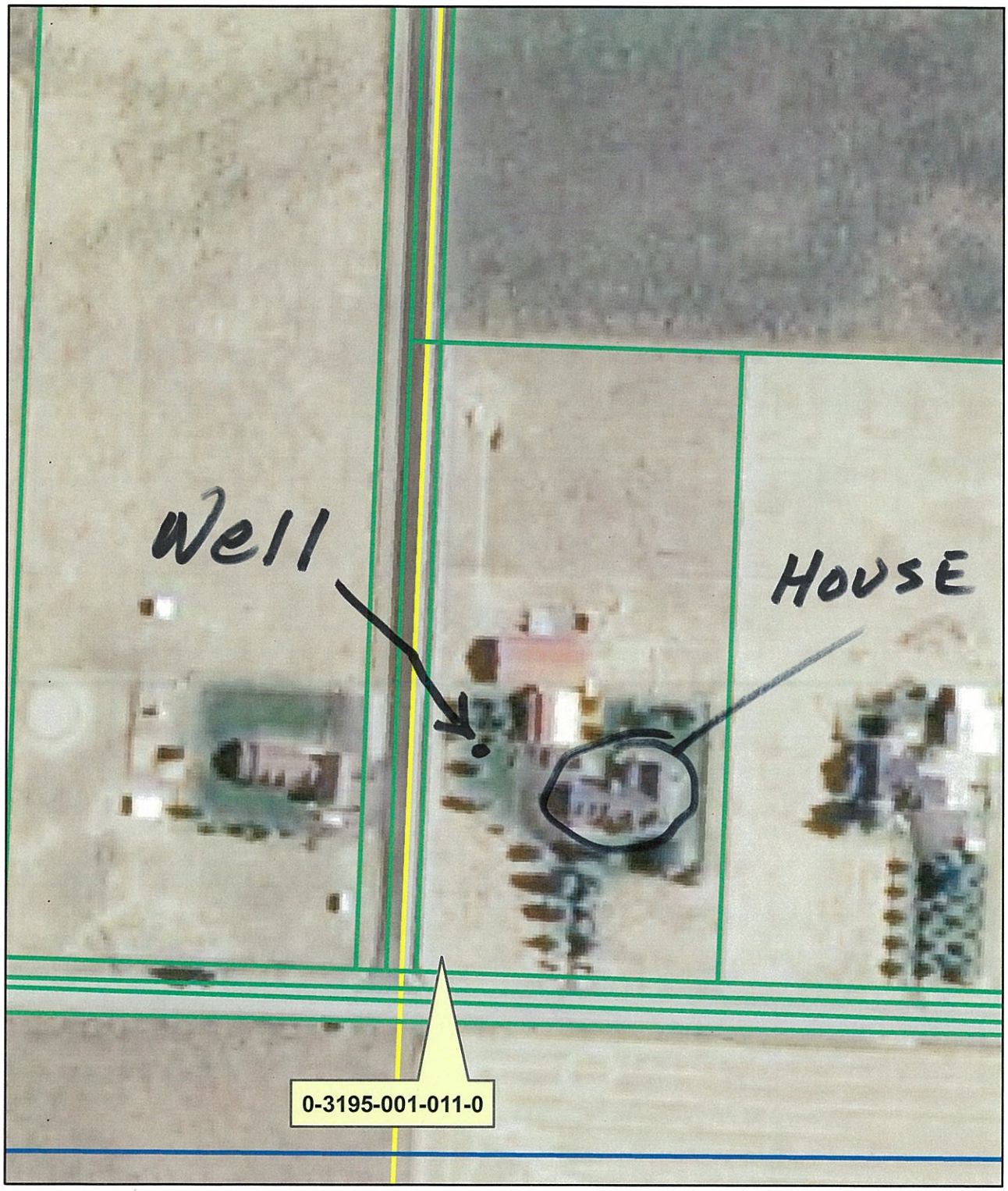
| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Y | N |
|---|---|---|---|---|---|
| 6 | 152 | 180 | sand&gravel | x | |

Completed Depth 180ft (Measurable)
Date: Started 1/12/01 Completed 1/12/01

**13. DRILLER'S CERTIFICATION**
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Bronson Water Wells Firm No. 360
Firm Official Clint Bronson Date 1/16/01
and
Driller or Operator ____ Date ____
(Sign once if Firm Official & Operator)

50N 6W 12

FORWARD WHITE COPY TO WATER RESOURCES

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