Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. ___-___-___-_____-_____
Other IDWR No. 0000 5127

2. OWNER:
Name CHARLES EBERLE
Address 4109 DEER RIDGE
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. 50N North ☒ or South ☐
Rge. 5W East ☐ or West ☒
Sec. 19, 1/4 (10 acres) 5W 1/4 (40 acres) NE 1/4 (160 acres)
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site SAME AS ABOVE
END OF DEER RIDGE 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____

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	30	85 #'s	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 41'
Was drive shoe seal tested? ☐ Y ☒ N How?____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	41	250	STEEL	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe — Length of Tailpipe —

9. PERFORATIONS/SCREENS
☐ Perforations Method NONE
☐ Screens Screen Type____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
	NONE					☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
150 ft. below ground Artesian pressure 0 lb.
Depth flow encountered 168 ft. Describe access port or control devices: STEEL PLATE

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

Yield gal./min.	Drawdown	Pumping Level	Time
7.5	MAX	400	1.5 HRS

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: good
Depth first Water Encountered 168

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	4	Top Soil		X
8	4	38	Decomposed GRANITE BRN		
6	38	51	SOFT SAND/GRAVEL "		
	51	77	FIRM " " "		
	77	84	FIRM BRN "		
	84	168	" BLK+WHITE "		X
	168	182	" " " " SOFT SPOTS	X	
	182	236	" " " GRANITE		X
	236	363	" BRN+WHITE "		X
	363	368	BROKEN BRN+WHITE "	X	
	368	402	FIRM BLK+WHITE "		X

Completed Depth 402 (Measurable)
Date: Started 7-28-98 Completed 7-31-98

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 BRAND X WATER WELLS Firm No. 289
Firm Official Lyndon Cordon Date 8-3-98
and 683-3182
Supervisor or Operator____ Date____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES