

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0054525
DRILLING PERMIT NO. 851395
Water Right or Injection Well No. _____

2. OWNER:

Name Lloyd & Cindy Osborne
Address 1507 S Milsap Rd
City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 50 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 18 1/4 SE 1/4 SW 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____

Address of Well Site Milsap Rd
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 Material	From	To	Weight / Volume	Seal Placement Method
<u>bentonite</u>	<u>0</u>	<u>78</u>	<u>400lbs</u>	<u>overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 78ft

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>78</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

cap

1 Q/W sec-18

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	Long: _____	_____	

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>3/4</u>		<u>500</u>	<u>1hr</u>

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 84

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Remarks: Lithology, Water Quality & Temperature

8	0	4	brown clay		
	4	60	decomposed granite		
	60	78	firm salt&pepper granite		
6	78	84	"		
	84	85	softer salt&pepper	x	
	85	140	firm salt&pepper		
	140	142	softer salt&pepper		
	142	162	firm salt&pepper		
	162	163	softer salt&pepper		
	163	180	firm salt&pepper		
	180	182	softer salt&pepper		
	182	240	firm salt&pepper		
	240	275	softer salt&pepper		
	275	368	firm salt&pepper		
	368	372	softer salt&pepper		
	372	500	firm salt&pepper		

RECEIVED

JUN 17 2008

IDWR/North

Completed Depth 500ft (Measurable)

Date: Started 5-12-08 Completed 5-15-08

14. 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

Principal Driller Clint Bronson Date 5/16/08

and

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES