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Form 238-7
3/95

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

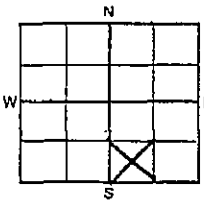
097850

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

1. DRILLING PERMIT NO. 95 - 96 - N - 030 - 000
Other IDWR No. _____

2. OWNER:
Name DICK MURDOCK/P.J.HOEFER
Address 4509 West Riverview DR.
City Post Falls State ID Zip 83854

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



Twp. 50N North ☒ or South ☐
Rge. 5W East ☐ or West ☒
Sec. 7, SW 1/4 SE 1/4 1/4 (10 acres / 160 acres)
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site Behind church West Riverview Dr.
(Give at least name of road + Distance to Road or Landmark) City _____
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	+20	9 sacks	pour in

Was drive shoe used? ☒Y ☐N Shoe Depth(s) 190
Was drive shoe seal tested? ☐Y ☒N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	190	.025	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:
160 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 160 ft. Describe access port or control devices: steel cap welded

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

Yield gal./min.	Drawdown	Pumping Level	Time
25 GPM			2 hrs

Water Temp. cold Bottom hole temp. cold
Water Quality test or comments: clear, cold, no smell
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	18	Sand & gravel - 3/4 minus		X
6"	18	80	Sand & gravel - 3/4 minus		X
6"	80	85	Cobbles		X
6"	85	160	Sand & gravel - 3/4 minus		X
6"	160	170	Sand & gravel - 3/4 minus	X	
6"	170	180	Cobbles & sand & gravel	X	
6"	180	200	Sand & gravel - 3/4 minus	X	

Completed Depth 195' (Measurable)
Date: Started 4/19/96 Completed 4/25/96

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 United Drilling Inc. Firm No. 414
Firm Official _____ Date 4/26/96
and
Supervisor or Operator Jason C. Beckham Date 4/26/96
(Sign once if Firm Official & Operator)

SWSE 7 50N 5W

FORWARD WHITE COPY TO WATER RESOURCES