

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name HAWARD J. DOLPH
Address Post Falls, Idaho
Owner's Permit No. 95-73-N-68

7. WATER LEVEL

Static water level 170 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature 60.0° F. Quality Good
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other AIR
Discharge G.P.M. 10 Draw Down _____ Hours Pumped 2

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

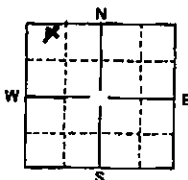
☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 200 feet
Casing schedule: ☒ Steel ☐ Concrete
Thickness _____ Diameter _____ From _____ To _____
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☒ Torch
Size of perforation 10 inches by 3/4 inches
Number _____ From _____ To _____
32 perforations 180 feet 197 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☐ No Size of gravel _____
Placed from _____ feet to _____ feetSurface seal? ☒ Yes ☐ No To what depth 20 feet
Material used in seal ☐ Cement grout ☒ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County Kootenai
NW 1/4 NW 1/4 Sec. 12, T. 50 N., R. 5 W.

10.

Work started 2-5-73 finished 2-8-73

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Associated Well Drillers, Inc. 295
Driller's or Firm's Name _____ Number _____
P.O. Box 723 Coeur d'Alene, Idaho
Address _____
David N. March 2-12-73
Signed By _____ Date _____