

**WELL DRILLER'S REPORT
RECEIVED**

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

1. WELL TAG NO. D0013870 **OCT 31 2000**

Drilling Permit No:

Other IDWR No. 767262 IDWR/ North

2. OWNER

Name John Mack Well #2

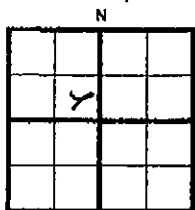
138

Address 721 Hwy 41

City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South

Rge. 04 ☐ East or ☒ West

Sec. 09 1/4 SE 1/4 NW 1/4

Gov't Lot County KOOTENAI

Lat. : : Long. : :

Address of Well Site 5000 Foothills Drive

City Coeur d'Alene

(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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Quick Gel	0	15	1 sack	Overbore
Casing Seal	15	18	1 sack	Overbore

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
8	2	18	.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:

ft. below ground Artesian pressure lb.

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

50N 4W 9

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
0			

Water Temp. Bottom Hole Temp

Water Quality test or comments:

Depth first Water encountered

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	18	Basalt	☐	☒
8	18	74	Basalt	☐	☒
8	74	79	Basalt broken	☐	☒
8	79	90	Clay grav	☐	☒
8	90	145	Sand w/some clay tan	☐	☒
Completed Depth 145 (Measurable)					
Date: Started 10/25/00 Completed 10/25/00					

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 H2O Well Service, Inc. Firm No. 448

Firm Official Date 10-27-00

and Supervisor or Operator Date 10-26-00

(Sign Once as Firm Official and Operator)
TODD M. BELL

IDAHO DEPARTMENT OF WATER RESOURCES

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Lat	:	:	Long: :

1. WELL TAG NO. D0013872 **OCT 31 2000**

Drilling Permit No:

Other IDWR No. 767279 IDWR/North

2. OWNER

Name John Mack Well #3

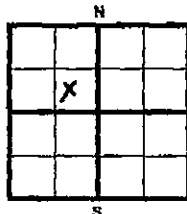
Well Number: 140

Address 721 Hwy 41

City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South

Rge. 04 ☐ East or ☒ West

Sec. 09 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 5000 Foothills Drive

City Coeur d'Alene

(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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Casing Seal	0	18	9 sacks	temp. casing

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
4	+3	35	160	pvc	☐	☒	☐	☐
8	+3	35	.250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☒ Screens Screen Type pvc

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-35	-45	10		4	pvc	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

29 ft. below ground Artesian pressure _____ lb.

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

50N 4W 9

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 5			1 hour

Water Temp. cold Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 36

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
12	0	2	Topsoil	☐	☒
12	2	28	Sand w/clay & gravels	☐	☒
12	28	29	Basalt broken	☐	☒
10	29	30	Basalt Broken	☐	☒
10	30	36	Basalt	☐	☒
10	36	49	Sand w/mica & wood	☒	☐
10	49	60	Sand w/clay	☐	☒
Pull casing back to 45' Set PVC screen - silica sand pack screen - pull casing to expose screen.					
Completed Depth <u>45</u> (Measurable)					
Date: Started <u>10/26/00</u> Completed <u>10/26/00</u>					

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 H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 10-30-00

and Supervisor or Operator [Signature] Date 10-30-00

(Sign Once if Firm Official and Operator)

Todd Morgan

