

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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

1. WELL OWNER Name <u>Ray Grannis</u> Address <u>1932 Govt. way Coeur D'Alene, Idaho</u> Owner's Permit No. <u>95-84-N-85</u> 83814		7. WATER LEVEL Static water level <u>60</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>cold</u> of. Quality <u>good</u> <i>Describe artesian or temperature zones below.</i>																																																																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>17 to 20 GPM</u></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>17 to 20 GPM</u>																																																																																				
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>6</td><td>broken basalt</td><td></td><td>x</td></tr><tr><td>6</td><td>6</td><td>66</td><td>clay</td><td></td><td>x</td></tr><tr><td>6</td><td>66</td><td>83</td><td>hard basalt</td><td></td><td>x</td></tr><tr><td>6</td><td>83</td><td>87</td><td>broken seam seep</td><td>x</td><td></td></tr><tr><td>6</td><td>87</td><td>132</td><td>hard basalt</td><td></td><td>x</td></tr><tr><td>6</td><td>132</td><td>134</td><td>broken seam</td><td></td><td>x</td></tr><tr><td>6</td><td>134</td><td>147</td><td>hard basalt</td><td></td><td>x</td></tr><tr><td>6</td><td>147</td><td>150</td><td>broken basalt</td><td>x</td><td></td></tr><tr><td>6</td><td>150</td><td>165</td><td>hard basalt</td><td></td><td>x</td></tr><tr><td>6</td><td>165</td><td>172</td><td>broken basalt</td><td>x</td><td></td></tr><tr><td>6</td><td>172</td><td>231</td><td>hard basalt</td><td></td><td>x</td></tr><tr><td>6</td><td>231</td><td>244</td><td>broken</td><td>x</td><td></td></tr><tr><td>6</td><td>244</td><td>250</td><td>firm basalt</td><td></td><td>x</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	6	0	6	broken basalt		x	6	6	66	clay		x	6	66	83	hard basalt		x	6	83	87	broken seam seep	x		6	87	132	hard basalt		x	6	132	134	broken seam		x	6	134	147	hard basalt		x	6	147	150	broken basalt	x		6	150	165	hard basalt		x	6	165	172	broken basalt	x		6	172	231	hard basalt		x	6	231	244	broken	x		6	244	250	firm basalt		x
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED NOV 1 1984 Department of Water Resources Northern District Office RECEIVED NOV 5 1984 Department of Water Resources																																																																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>68</u> feet</td></tr><tr><td><u>160</u> inches</td><td><u>4</u> inches</td><td><u>10</u> feet</td><td><u>240</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No PVC How perforated? ☐ Factory ☐ Knife ☐ Torch SAW Size of perforation <u>1/4</u> inches by <u>4</u> inches Number _____ From _____ To _____ <u>60</u> perforations <u>190</u> feet <u>250</u> feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well 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 _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☐ Bentonite ☒ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>68</u> feet	<u>160</u> inches	<u>4</u> inches	<u>10</u> feet	<u>240</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																																																																				
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S County <u>Kootenai</u> Subdivision Name _____ Lot No. _____ Block No. _____ NW 1/4 NE 1/4 Sec. <u>35</u> T. <u>50N</u> N/S, R. <u>4W</u> E/W.		10. Work started <u>8/28/84</u> finished <u>8/31/84</u>																																																																																									
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Murphy Drilling</u> Firm No. <u>269</u> Address <u>P.O. Box 430 Greenacres, Washington</u> Date <u>10/15/84</u> Signed by (Firm Official) <u>BO Murphy</u> and (Operator) <u>BO Murphy</u>																																																																																											

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT