

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0033367
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:

Name Robert Rider
 Address 6219 S. Wolf Lodge Rd
 City Coeur d'Alene State ID Zip 83814

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. 2 East ☐ or West ☒
 Sec. 32 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Kootenai

Lat: : : Long: : :
 Address of Well Site same

(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	250#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 332'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	431	250	Steel	☒	☐	☒	☐
4"	20	480	160	PVC	☐	☒	☐	☐
4"	480	520	200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut 1/8 x 6 slot

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
480	520	1/8	65	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 ft. below ground Artesian pressure _____ lb.

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10-12			6 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____
 Depth first Water Encounter 126

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	18	Clay, tan			
8	18	58	Clay, tan			
	58	86	Clay, grey			
	86	116	Clay, blue			
	116	126	Clay, blue, gravel, blue	x		
	126	146	Gravel, blue, angular	x		
	146	280	Clay, blue, gravel, blue	x		
	280	318	Clay, brown			
	318	323	Clay, grey			
	323	360	Gravel, blue green w/silt	x		
	360	396	Clay, grey	x		
	396	411	Clay, brown			
	411	423	Gravel, blue green w/silt			
	423	432	Shale, blue green, decomposed			
	432	439	Shale, blue green, hard			
	439	445	Shale, blue green, decomposed	x		
	445	451	Shale, blue green, very hard			
	451	468	Shale, blue green, caving	x		
	468	473	Shale, blue green, hard			
	473	496	Shale, blue green, broken			
	496	516	Shale, blue green, soft	x		
	516	517	Shale, blue green, hard			
	517	525	Shale, blue green, caving	x		

Completed Depth 520' (Measurable)

Date: Started 12/17/03 Completed _____

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 McCarty Drilling & Pump Inc. Firm No. 586

Principal Driller _____ Date _____

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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