

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

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 Gale & Phyllis Briggs

Address Route 2 Box 550

Harrison, Idaho 83833

Owner's Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)

☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 175 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness .250 inches Diameter 8 inches From 13 feet To 126 feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ 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 18 Material used in seal ☐ Cement grout

☒ Pudding clay ☐ Well cuttings

Sealing procedure used ☐ Shurry pit ☐ Temporary surface casing

☐ Overbore to seal depth

7. WATER LEVEL

Static water level 70 feet below land surface

Flowing? ☐ Yes ☐ No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other - air

Discharge G.P.M. _____

Draw Down _____

Hours Pumped _____

Approx 10 unestablished
at time of drilling

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	2	Top soil		
	2	10	Clay & Rock		
	10	52	Clay, gray		
	52	75	Clay, yellow		
	75	125	Clay, whitish yellow soft & runny		
	125	175	Basalt, hard		
			Water at <u>140 ft</u>		
			" " <u>168 ft</u>		

10. Work started August 15 finished Aug 19, 1983

11. DRILLERS CERTIFICATION

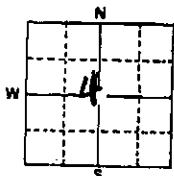
Firm Name Fisher Supply Co Firm No. 221

Address E 2915 Lincoln Rd Date 8-22-83

Signed by (Firm Official) [Signature]

(Operator) 11

Sketch map location must agree with written location.



Subdivision No. MICROFILMED

Lot No. 2 Block No. _____

40 ACRES

County Kootenai

1/4 NW 1/4 Sec. 4, T. 48 N/S, R. 3 E/W

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT