

IDAHO DEPARTMENT OF WATER RESOURCES

Consulting and
ment Services

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028678

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

Name KEES, KATHY

Well Number:

623

Address 4111 E. 30TH

City SPOKANE State WA Zip 99223

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 50 ☒ North or ☐ South	
W		Rge. 4 ☒ East or ☐ West	
E		Sec. 30 1/4 NE 1/4 SW 1/4	
S		Gov't Lot _____ County SHOSHONE	
		Lat: : : Long: : : :	
Address of Well Site CDA RIVER			
OFF WHITETAIL LOOP City PRITCHARD			
(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	
DRY GRANULE				
BENTONITE	0	18	7 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 53'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	53	.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:

18 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 18 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLOUDY

Depth first Water encountered 18

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Top Soil	☐	☐
8	2	15	Sandy Loam	☐	☐
8	15	18	Sand & Gravels	☒	☐
8	18	53	Sand & Gravels	☒	☐
6	53	55	Gray Shale	☒	☐
COPY					
Completed Depth 55 (Measurable)					
Date: Started 8/1/03 Completed 8/4/03					

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 _____ Date _____

and

Supervisor or Operator _____ Date _____

(Sign Once if Firm Official and Operator)

(Todd Morgan)