

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0033375
Drilling Permit No: 809086
Other IDWR No. _____

2. OWNER MILLS, RON & MARY Well Number: 692
Name MILLS, RON & MARY
Address 485 W. CHERRY LANE
City COEUR D'ALENE State ID Zip 83815

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

N		Twp. 49N ☒ North or ☐ South	
W		Rge. 3W ☐ East or ☒ West	
E		Sec. 32 <u>1/4 SE 1/4 SW 1/4</u>	
S		Gov't Lot _____ County <u>KOOTENAI</u>	
		Lat: _____ Long: _____	
		Address of Well Site <u>CARLIN BAY</u>	
		City <u>CDA</u>	

(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	10 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) R.B.

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	80	.250	STEEL	☒	☐	☒	☐
4	-60	120	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-100	120	1/4 X 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 115 ft. Describe access port or
control devices: _____

11. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR
Water Temp. <u>COLD</u> Bottom Hole Temp <u>COLD</u>			
Water Quality test or comments: <u>GOOD</u>			
Depth first Water encountered <u>110</u>			

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	3	Top Soil	☐	☐
10	3	75	Broken Basalt	☐	☐
8	75	90	Basalt Black Med	☐	☐
8	90	95	Broken Basalt	☐	☐
8	95	110	Basalt Black Med.	☐	☐
8	110	120	Fractured Basalt w/ Water & some Br	☒	☐
	0	0	CORRECTED LEGAL	☐	☐

Completed Depth 120 (Measurable)
Date: Started 11/18/03 Completed 11/19/03

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448
Firm Official [Signature] Date 12-9-03
and
Supervisor or Operator [Signature] Date 11/20/03
(Sign Once if Firm Official and Operator)
(Jim McLeslie)

49N 3W 32