

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.

RECEIVED
OCT 29 1976

1. WELL OWNER

Name Doug SmeltzerAddress St. Maries, Idaho 83861Owner's Permit No. 94-76-N-18

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 6 inches Total depth 245 feetCasing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>34</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow 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

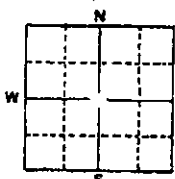
Gravel packed? ☐ Yes ☒ No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal ☐ Cement groutBentonite ☐ Pudding clay ☐ Well cuttingsSealing procedure used ☐ Slurry pit ☐ Temporary surface casing☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

7. WATER LEVEL

Static water level 60 feet below land surfaceFlowing? ☐ 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 Lift

Discharge G.P.M.	Draw Down	Hours Pumped
<u>20</u>		

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6	1	20	Surface Seal		x
	20	30	Broken Basalt		x
	30	115	Hard Basalt		x
	115	145	Broken Basalt		x
	145	205	Hard Basalt		x
	205	245	Broken Basalt	x	

10. Work started 9-27-76 finished 9-27-76

11. DRILLERS CERTIFICATION

Firm Name Carman Dev. Co Firm No. 228Address E 6010 Broadway, S.E. W Date 10-1-76Signed by (Firm Official) John Carman

and

(Operator) James CarmanSW $\frac{1}{4}$, NW $\frac{1}{4}$, SW $\frac{1}{4}$ Sec. 35, T. 47 N., R. 3 E.

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT