Form 238-7
3/95

Water Resource Consulting and Management Services

RECEIVED
OCT 22 1996
NORTHERN REGION

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

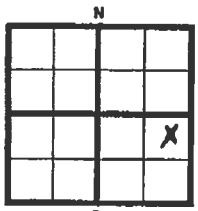
097793

Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-96-N-149-000
Other IDWR No. State

2. OWNER **Well Number:** 481
Name ARMSTRONG, ANDY
Address 3420 TIMOTHY LANE
City CDA State ID Zip 83814

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



Twp. 50 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 33 ____ 1/4 NE 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site 3420 TIMOTHY LANE
City CDA
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	20	8 SACKS	DRY POUR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 307
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	307	.250	STEEL	☒	☐	☒	☐
4	280	380	.160	PVC	☐	☒	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☒ Perforations Method SKILLSAW
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
340	380	1/8X6	120	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
200 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

NESE 33 50N 3W

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____ Depth first Water encountered ____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	45	Clay Brown	☐	☒
8	45	95	Clay Gray	☐	☒
8	95	190	Basalt Black	☐	☐
8	190	200	Basalt Some Gray Clay	☐	☒
8	200	230	Basalt Broken Large	☐	☒
8	230	250	Clay Gray W/Broken Basalt	☐	☒
8	250	300	Clay Gray	☐	☒
8	300	302	Clay Brown	☐	☐
6	302	360	Basalt Black	☐	☒
6	360	380	Basalt Occasional Frac	☒	☐

Completed Depth 380' (Measurable)
Date: Started 10/04/96 Completed 10/08/96

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 H20 WellService, Inc. Firm No. 448
Firm Official [signature] Date 10-14-96
and
Supervisor or Operator [signature] Date 10/14/96
(Sign Once If Firm Offical and Operator)

ARMSTRONG PIN 0-8271-000-003-0