

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. D0033525

Drilling Permit No: 81-200

Other IDWR No.

2. OWNER

Well Number:

Name Gencrella, Dave c/o Mtn Lakes Const 728

Address PO Box 2872

City Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N				
	X			
W				E
				S

Twp. 50 ☒ North or ☐ South
Rge. 4 ☐ East or ☒ West
Sec. 8 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat. _____ Long. _____
Address of Well Site Off Maplewood Ave. &
City Post Falls

(Give at least name of road + Distance to Road or Landmark)

Lt. 2 Blk. 1 Sub. Name Timber River E

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	
BENTONITE	0	18	400 lbs	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	15	200	.160	PVC	☐	☒	☐	☐
6	2	143	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method☒ Screens Screen Type PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
190	200	.1	1	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

130 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: GOOD

Depth first Water encountered 170

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
	0	0	LOST RETURNS BELOW 180'	☐	☐
10	0	3	TOP SOIL	☐	☒
10	3	23	GRAVELS, CLAY, SAND	☐	☒
8	23	127	SAND COURSE GRAY	☐	☒
8	127	170	BASALT	☐	☒
6	170	180	BASALT FRACTURED W/WATER	☒	☐
6	180	240	BASALT, BROKEN, SANDY	☐	☒

RECEIVED

MID 13 074

day for North

Completed Depth 200 (Measurable)

Date: Started 3/9/04 Completed 3/11/04

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 Well Service, Inc. Firm No. 448

Firm Official *Mark R. R...* Date 03/15/04

and

Supervisor or Operator *Jim McLeslie* Date 03/12/03

(Sign Once if Firm Official and Operator)

50 N 4W 8