

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

RECEIVED

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.

1. WELL OWNER Name <u>William McGill</u> Address <u>P.O. Box 229 St. Maries, Idaho 83861</u> Owner's Permit No. <u>94-77-N-24</u>		7. WATER LEVEL Static water level _____ feet below land surface Flowing? ☐ Yes ☐ No G.P.M. flow _____ Temperature <u>Cold</u> ° F. Quality <u>Good</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																			
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other Discharge G.P.M. <u>30 GPM</u> Draw Down <u>?</u> Hours Pumped <u>1 hr.</u>																																			
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>8</u></td><td><u>0</u></td><td><u>131</u></td><td><u>Clay</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>131</u></td><td><u>140</u></td><td><u>Serpentine</u></td><td></td><td>☒</td></tr><tr><td></td><td><u>140</u></td><td><u>175</u></td><td><u>II</u></td><td>☒</td><td></td></tr><tr><td></td><td></td><td></td><td><u>30 GPM at 140</u></td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	<u>8</u>	<u>0</u>	<u>131</u>	<u>Clay</u>		☒		<u>131</u>	<u>140</u>	<u>Serpentine</u>		☒		<u>140</u>	<u>175</u>	<u>II</u>	☒					<u>30 GPM at 140</u>		
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																					
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>175</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness Diameter From To <u>.250</u> inches <u>6</u> inches + <u>1</u> feet <u>140</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How 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 <u>25</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☒ Temporary surface casing ☒ Overbore to seal depth																																					
6. LOCATION OF WELL Sketch map location must agree with written location. <u>AK</u> <table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td><u>X</u></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table> County <u>Kootenai</u> Subdivision Name _____ Lot No. _____ Block No. _____ <u>SW 1/4 SW 1/4 Sec. 20, T. 47 N., R. 2 E/W</u>		N			W		E		<u>X</u>		S			10. Work started <u>9/1/77</u> finished <u>9/1/77</u>																							
N																																					
W		E																																			
	<u>X</u>																																				
S																																					
		11. DRILLERS CERTIFICATION Firm Name <u>Associated Well Drillers Inc.</u> Firm No. <u>245</u> Address <u>Box 723 C.D.A.</u> Date <u>9/1/77</u> Signed by (Firm Official) <u>Robert F. [Signature]</u> and (Operator) <u>Robert F. [Signature]</u>																																			

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

SCANNED
NOV 13 2013