



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

OFFICE USE ONLY
Inspected by TDK
Twp 54N Rge 5W Sec 19
SW 1/4 SE 1/4 NW 1/4

1. DRILLING PERMIT NO. 96-94-N-0435-000
Other IDWR No. _____

2. OWNER:

Name OLSON, DAVID & FRANCIS
Address 201 N 11TH
City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W X E
S

Twp. 94 North ☒ or South ☐
Rge. 05 East ☐ or West ☒
Sec. 19 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County BONNER

Address of Well Site BLANCHARD AREA
City _____

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	50	9 BAGS	SLURRY

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	69	.250	STEEL	☒	☐	☐	☐
4	-5	220	.160	PSI PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW
☒ Screens Screen Type STAINLESS STEEL

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	220	1/8x1/4	120	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

SE NW 19 54N 5W

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			

Water Temp. COLD Bottom hole temp. SAME

Water Quality test or comments: GOOD

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	3	TOPSOIL		X
8	3	24	COARSE SAND		X
8	24	118	DECOMP. GRANITE BROWN		X
6	118	128	GRANITE GREEN & WHITE SOFT		X
6	128	131	GRANITE BLACK & COPPER W/WATER	X	
6	131	194	GREENISH WHITE WHITE SOFT W/FRACTURES		X
6	194	205	GRANITE BLACK & COPPER W/WATER	X	
6	205	220	GRANITE GREENISH WHITE		X
			Set 4"x6" Formation Packer at 120'		
			Used 1 - 6" Bolt on cap		

RECEIVED

DEC 19 1994

NORTHERN REGION
IDWR

MICROFILMED

DEC 29 1998

Completed Depth 220 (Measurable)
Date: Started 11/22/94 Completed 11/23/94

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 [Signature] Date 12/01/94

and Supervisor or Operator [Signature] Date 12/01/94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED

JAN 17 2014