

WELL DRILLER'S REPORT

Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: : : Long: : :

1. WELL TAG NO. D0022431
Drilling Permit No: 780152
Other IDWR No.

2. OWNER **Well Number:**
 Name BRESHAHAN, DON & BRITT 425
 Address 18814 SE 271 CT.
 City COVINGTON State WA Zip 98042

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

X			

Twp. 44N ☒ North or ☐ South
Rge. 1W ☐ East or ☒ West
Sec. 18 SW 1/4 NW 1/4 1/4
Gov't Lot _____ County BENEWAH
Lat: : : Long: : :

Address of Well Site

City ST. MARIES

Lt. 4 Blk. Sub. Name MOUNTAIN M

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	5 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 88

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linear Welded	Threaded
6	+2	88	.250	STEEL	☒	☐	☒

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ 88 ft. Describe access port or
control devices:

44N 1W 1S

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12			1 HR

Water Temp. COLD Bottom Hole Temp COLD

PO Water Quality test or comments: CLEAR
Depth first Water encountered 88

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

[illegible]

Completed Depth	120	(Measurable)
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Date: Started 7/9/02 Completed 7/9/02

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 WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and
Supervisor or Operator James R. Hill Date 7-15-02
(Sign Once if Firm Official and Operator)

Tom Richardson