



RECEIVED

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

APR 1 1975

1. WELL OWNER

Name L.H. SMITH

Address R. 2 ST. MARIES

Owner's Permit No. 94-73-N-21

2. NATURE OF WORK

☒ New well

☐ Deepened

☐ Replacement

☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic

☐ Irrigation

☐ Test

☐ Other (specify type)

☐ Municipal

☐ Industrial

☐ Stock

☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable

☒ Rotary

☐ Dug

☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches

Total depth 150 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness

Diameter

From

To

0.25 inches

6 inches

2 feet

100 feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☒ Yes ☐ No

How perforated? ☐ Factory ☐ Knife ☒ Torch

Size of perforation 8 inches by 12 inches

Number

From

To

20 perforations

90 feet

100 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 18 Material used in seal ☐ Cement grout

☒ Puddling clay ☐ Well cuttings

Sealing procedure used ☐ Shurry pit ☐ Temporary surface casing

☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.

94

W

E

N

S

X

Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

SW 1/4 SW 1/4 Sec. 8 T. 47 N. 2 E. 4 W.

7. WATER LEVEL

Department of Water Resources
Northern District Office

Static water level 30 feet below land surface

Flowing? ☐ Yes ☒ No G.P.M. flow 4

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Other Air

Discharge G.P.M.

Draw Down

Hours Pumped

47

1/2

9. LITHOLOGIC LOG

Hole Diam.

Depth

Material

Water

From

To

Yes

No

8

0

18

CLAY

8

18

34

BROKEN SHALE - CLAY

8

34

88

FRACTURED BASALT

8

88

100

HARD BASALT

6

100

122

FRACTURED BASALT

6

122

143

FIRM BASALT

6

143

150

HARD BASALT

10.

Work started 8/12/73 finished 8/13/73

11. DRILLERS CERTIFICATION

Firm Name Clara Drilling & Well Inc. Firm No. 163

Address Box 1002 C.O.A. Date _____

Signed by (Firm Official) [Signature]

and (Operator) Bill Murphy

SCANNED

MAR 04 2014