Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
NOV - 7 2000
IDWR/North

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

1. WELL TAG NO. D 00 13752
DRILLING PERMIT NO. ____-____-____-____-____
Other IDWR No. 766696

11. WELL TESTS: ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 gpm	Airlift from		180

Water Temp. 54° Bottom hole temp. ____
Water Quality test or comments: Clear no Odor
Depth first Water Encounter 142

2. OWNER:
Name Brent & Donna Bradbury
Address 1256 Wallen RD
City Moscow State ID Zip 83843

POSTED

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

N / W / E / S grid — X in NW quarter

Twp. 47 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 12, ____ 1/4 (10 acres) N/E 1/4 (40 acres) S/W 1/4 (160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site Black lake RD, & Black lake Shore City St. Maries
(Give at least name of road + Distance to Road or Landmark)

Lt. ____ Blk. ____ Sub. Name ____

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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	25	10	Pour around Pipe

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-155	250	Steel	☒	☐	☐	☐
4"	-5	-180	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
Perforations Method Drill
Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	160	3/4	24	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
88 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: Well Cap

47 N 3 W 12

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8"	0	8	Clay Tan		
	8	13	Gravel Basalt		
	13	24	Clay Yellow		
	24	30	Clay Yellow w/Basalt Gravel		
	30	45	Clay Yellow		
	45	60	Clay Tan		
	60	100	Clay Gray		
	105	112	Clay light Brown		
	122	142	Clay Gray		
	142		Basalt Gray w/water 150 g.p.m.	X	
	142	180	Basalt Gray		
		180			

Completed Depth 180 (Measurable)
Date: Started 9-19-2000 Completed 9-22-2000

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Allways Drilling Firm No. 570
Firm Official Stanley R Volz Date 10-25-00
and
Driller or Operator Alvin Carris Date 10-5-2000
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES