

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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>Carey Beare</u> Address <u>Rt 1 Box 84 McAdams ID</u> Owner's Permit No. <u>Black Lake Location</u>		7. WATER LEVEL Static water level <u>130</u> ^{EST. FOR} feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ OF. Quality _____ Describe artesian or temperature zones below.																																									
2. NATURE OF WORK <u>94-85-N-21</u> ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td></td><td><u>5 gpm Air Test</u></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped		<u>5 gpm Air Test</u>																																			
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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>3"</td><td>0</td><td>2</td><td>Broken Basalt + Clay</td><td></td><td></td></tr><tr><td></td><td>2</td><td>60</td><td>yellow clay</td><td></td><td></td></tr><tr><td></td><td>60</td><td>130</td><td>Basalt</td><td></td><td></td></tr><tr><td></td><td>130</td><td>280</td><td>Grey clay</td><td></td><td></td></tr><tr><td>6"</td><td>280</td><td>305</td><td>Hard Basalt</td><td>X</td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	3"	0	2	Broken Basalt + Clay				2	60	yellow clay				60	130	Basalt				130	280	Grey clay			6"	280	305	Hard Basalt	X	
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>2.50</u> inches</td><td><u>6"</u> inches</td><td><u>1</u> feet</td><td><u>280</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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 <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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>40'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☒ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	<u>2.50</u> inches	<u>6"</u> inches	<u>1</u> feet	<u>280</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet										
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6. LOCATION OF WELL ✓ Sketch map location <u>must</u> agree with written location. <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></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table> Subdivision Name _____ Lot No. _____ Block _____ County <u>Kootenai</u> <u>NW 1/4 SE 1/4 Sec. 2, T. 47 N, R. 3 W.</u>		N			W	•	E				S			10. Work started <u>8/10/85</u> finished <u>8/21/85</u> 11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>CDA Drilling</u> Firm No. <u>214</u> Address <u>Box 386 Hayden</u> Date <u>9/5/85</u> Signed by (Firm Official) <u>Bill Lendley</u> and (Operator) <u>Bruce Lindley</u>																													
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