

POSTED  
WE

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR  
BALLPOINT PEN

AUG

## WELL DRILLER'S REPORT

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.

10/15 - 1943

1. WELL OWNER

Name LOY & MAXINE CHRISTENSEN

Address ROUTE #2 BOX 147  
ST. MARIES, IDAHO 83861

Owner's Permit No. \_\_\_\_\_

2. NATURE OF WORK

94-83-N-20-1

☐ New well

☒ Deepened

☐ Replacement

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic

☐ Irrigation

☐ Test

☐ Municipal

☐ Industrial

☐ Stock

☐ Waste Disposal or Injection

☐ Other \_\_\_\_\_ (specify type)

4. METHOD DRILLED

☒ Rotary

☐ Air

☐ Hydraulic

☐ Reverse rotary

☐ Cable

☐ Dug

☐ Other \_\_\_\_\_

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other \_\_\_\_\_

Thickness

Diameter

From

To

\_\_\_\_\_ inches

\_\_\_\_\_ inches + \_\_\_\_\_ feet

\_\_\_\_\_ inches

\_\_\_\_\_ inches

\_\_\_\_\_ feet

\_\_\_\_\_ feet

\_\_\_\_\_ inches

\_\_\_\_\_ inches

\_\_\_\_\_ feet

\_\_\_\_\_ feet

\_\_\_\_\_ inches

\_\_\_\_\_ inches

\_\_\_\_\_ feet

\_\_\_\_\_ feet

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

Number

From

To

\_\_\_\_\_ perforations

\_\_\_\_\_ feet

\_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_

7. WATER LEVEL

Static water level 200 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_

Artesian closed-in pressure \_\_\_\_\_ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature \_\_\_\_\_ °F. Quality \_\_\_\_\_

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump

☐ Bailer

☒ Air

☐ Other \_\_\_\_\_

Discharge G.P.M.

Pumping Level

Hours Pumped

8 - 10

AIR BLOWN

9. LITHOLOGIC LOG

Bore Diam.

Depth

Material

Water

Yes

No

6"

132

255

Hard Basalt

255

265

Soft Basalt

10.

Work started 5/18/83 finished 5/21/83

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name \_\_\_\_\_

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

County KOOTENAI

NE 1/4 SW 1/4 Sec. 9 T. 47 N/S, R. 3 E/W.

11. DRILLERS CERTIFICATION

ee

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

Firm Name SARGENT CONST. CO Firm No. 415

Address PO BOX 14227 Date 5/31/83

SPOKANE, WA 99214

Signed by (Firm Official) [Signature]

and

(Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT