

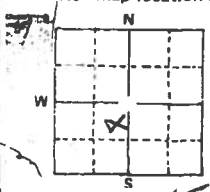
USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

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. DEC 9 1975

RECEIVED

1. WELL OWNER Name <u>Lynn Laforce</u> Address <u>St. Maries, Idaho</u> Owner's Permit No. <u>91-75-N-12</u>		7. WATER LEVEL Department of Water Resources Northern District Office Static water level <u>250</u> feet below land surface Flowing? ☐ Yes ☐ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pumo ☐ Bailer ☒ Other <u>AIR</u> Discharge G.P.M. <u>15</u> Draw Down _____ Hours Pumped <u>2</u>																																																					
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole 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>8</td><td>0</td><td>168</td><td>SOFT Decomposed Basalt</td><td></td><td>✓</td></tr><tr><td>8</td><td>168</td><td>208</td><td>FRAGMENTED Basalt + Hard</td><td></td><td>✓</td></tr><tr><td>6</td><td>208</td><td>260</td><td>SOFT Decomposed Basalt</td><td></td><td>✓</td></tr><tr><td>6</td><td>260</td><td>312</td><td>Hard Basalt</td><td></td><td>✓</td></tr><tr><td>6</td><td>312</td><td>345</td><td>Clay Hard Clay</td><td></td><td>✓</td></tr><tr><td>6</td><td>345</td><td>370</td><td>Clay reddish Brown</td><td></td><td>✓</td></tr><tr><td>6</td><td>370</td><td>375</td><td>Sand + Gravel</td><td></td><td>✓</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	168	SOFT Decomposed Basalt		✓	8	168	208	FRAGMENTED Basalt + Hard		✓	6	208	260	SOFT Decomposed Basalt		✓	6	260	312	Hard Basalt		✓	6	312	345	Clay Hard Clay		✓	6	345	370	Clay reddish Brown		✓	6	370	375	Sand + Gravel		✓
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																							
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>375</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness <u>1.25</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>308</u> feet <u>1.25</u> inches <u>4" PVC</u> inches <u>145</u> feet <u>308</u> 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 <u>WESCO PVC</u> Type <u>WSP-400-05</u> Model No. _____ Diameter <u>4</u> Slot size <u>20</u> Set from <u>295</u> feet to <u>370</u> 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>18</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth																																																							
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>Kootenai</u> <u>NE 1/4 SW 1/4 Sec. 36, T. 47 N., R. 34 W.</u>		10. Work started <u>9/15/75</u> finished <u>10/28/75</u>																																																					
		11. DRILLERS CERTIFICATION Firm Name <u>Associated Well</u> Firm No. <u>125</u> Address <u>Box 723 C.D.A.</u> Date <u>11/11/75</u> Signed by (Firm Official) <u>Paul Thornton</u> and (Operator) <u>Lynn Laforce</u>																																																					

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT