

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	Long: _____	_____	

1. WELL TAG NO. D 0054204
 DRILLING PERMIT NO. 849511
 Water Right or Injection Well No. _____

ENTERED

2. OWNER:
 Name Lee Waddell
 Address 2902 W. Riverbend Ave
 City Post Falls State ID Zip 83884

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 52 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 6 NE 1/4 SE 1/4
 Gov't Lot _____ County Kootenai 10 acres 1/4 150 acres 1/4
 Lat: _____ Long: _____

Address of Well Site ESTATES to End of Susan Ave
 City Arhol

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	9-50 lbs	Overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	20	250	Steel	☒	☐	☒	☐
4	-10	680	250	PVC	☐	☒	☐	☒

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
680	520	1/8x6	50	4	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
5 GPM.			6 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	7	LARGE Broken GRAVEL		X
10	7	20	Decomposed GRANITE		X
	20	60	Decomposed GRANITE		X
	60	62	FRactured GRANITE .25 GPM	X	
	62	240	GRANITE		X
	240	243	FRactured GRANITE 1 GPM	X	
	243	360	GRANITE		X
	360	367	FRactured Granite		X
	367	510	GRANITE		X
	510	515	FRactured GRANITE 2 GPM	X	
	515	580	GRANITE		X
	580	591	FRactured GRANITE 2 GPM	X	
	591	680	FRactured GRANITE		

RECEIVED
OCT 25

IDWR/North

RECEIVED
OCT 29 2007

IDWR/North

Completed Depth 680' (Measurable)
 Date: Started 10-15-07 Completed 10-20-07

14. DRILLER'S CERTIFICATION

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

Company Name Horsley Drilling inc. Firm No. 632

Principal Driller C. Mark Hamley Date 10-22-07

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

52N 3W 6