

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

USE TYPEWRITER ()
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.

RECEIVED
JAN 29 2015
IDWR/NORTHERN

1. WELL OWNER

Name Mike Vincent
Address _____
Drilling Permit No. 95-93-N-114-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 360 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.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
such as liners, screen, materials, plug depths, etc. in lithologic
log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>6 to 8 gpm</u>		

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	6	Top Soil		X
	6	14	Clay 1/4 Basalt Gravel		X
	14	18	Basalt gray Hard		X
8	18	25	Basalt gray Hard		X
	25	49	Basalt Broken 1/2 Brown		X
	49	172	Basalt Fractured Med		X
	172	186	Basalt/Clay 1/2 Gravel Brown		X
	186	218	Clay Yellowish Tan		X
	218	228	Clay Tan 1/2 Quarts Sand		X
	228	245	Clay Brown Hard		X
	245	252	Clay Tan/Yellow/Brown		X
	252	278	Basalt Broken Soft 1/2 Clay		X
6	278	347	Basalt Dark gray Med		X
	347	350	Basalt Weathered Brown		X
	350	365	Clay Brownish Tan Med		X
	365	382	Clay Silty Dark Brown Hard		X
	382	395	Clay Brown 1/2 Lined 1/2 Quarts Sand		X
	395	406	Clay Gray Soft		X
	406	430	Clay Blue 1/2 Quarts Sand		X
	430	458	Granite Green & White 1/2 Quarts		X
	458	470	Granite White & Green 1/2 Water	X	
	470	475	Granite Black Hard		X
	475	478	Granite White & Green Soft		X
	478	497	Granite Black & White 1/2 Green		X
	497	508	Granite Green & Black Hard		X
	508	555	Granite Black & White Med		X
	555	562	Granite White & Green 1/2 Water	X	
	562	585	Granite Black & White Med		X
	585	603	Granite White & Black Med		X
			Set Formation Packer at 430 Feet		

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ Diameter _____ From _____ To _____
250 inches 6 inches + 3 feet 282 feet
160 psi inches 4 inches - 8 feet 603 feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☒ Yes ☐ No Set at 430'
Perforated? SKILL SAW ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/8 inches by 4 inches
Number _____ From _____ To _____
140 perforations 560 feet 600 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

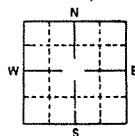
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 50' 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 _____

5. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
Address of Well Site Black Rock Bay
(give at least name of road)
NW 1/4 SW 1/4 Sec. 3 T. 48 N ☒ or S ☐
R. 4 E ☐ or W ☒

10.

Work started 6-25-93 finished 6-30-93

11. DRILLER'S CERTIFICATION

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

Firm Name _____ Firm No. 4448
Address _____ Date _____

Signed by Drilling Supervisor _____
and _____
(Operator) [Signature]
(If different than the Drilling Supervisor)