

RECEIVED

Form 238-7
11/98
AUG 21 1998

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

NORTHERN REGION

1. WELL TAG NO. **D5156**
DRILLING PERMIT N **95-89-N-50-100**
Other IDWR No _____

2. OWNER:
Name **Dan Freligh**
Address **P O Box 1184**
City **Post Falls** State **ID** Zip **83854**

3. LOCATION OF WELL by legal description:
N Twp **51N** North ☒ or South ☐
Rge **05W** East ☐ or West ☒
Sec **17** 1/4 SW 1/4 SE 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County **Kootenai**
Lat _____ Long _____
Address of Well Site: (see next line)
Gun Club Rd, 2nd drive to the right City _____
Lot _____ Blk _____ Sub. Name (see next line) _____

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/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	

Drive Shoe Used? ☐ Y ☒ N Shoe Depth(s) _____
Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations? Method _____
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE
unkn ft. below ground. Artesian pressure _____ lb.
Depth flow encountered **317** ft. Describe access port or
control devices: **Replaced well seal cap**

11. WELL TESTS:

27645

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
3	100%	400	1 hr

Water Temp. _____ cold Bottom hole temp. _____ cold
Water Quality test or comments: (below) Depth first Water Encountered **120**
no smell, slight color

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperatyre	Water	
				Y	N
5.5	140	300	Purple/Black/White granite - medium	☐	☐
5.5	300	330	Green/white/black granite - medium	☐	☐
			1 gpm @ 317'	☐	☐
5.5	330	400	Purple/black/white granite - medium	☐	☐

Completed Depth **400** (Measurable)
Date: Started **8/18/98** Completed **8/18/98**

13. DRILLERS CERTIFICATION

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

Firm **United Drilling Inc.** Firm No **414**
Name _____
Firm Official **Timothy R. Volking** Date **8/19/98**
and _____
Supervisor or Operator **Timothy R. Volking** Date **8/19/98**

FORWARD WHITE COPY TO WATER RESOURCES

51N 5W 17

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.

[illegible]

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