Form 238-7
1/94

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95 - 94 - N - 141 - 000
Other IDWR No.

2. OWNER:
Name JIM & MELANIE MOORE
Address PO BOX 2185
City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S — X

Twp. 52 North ☒ or South ☐
Rge. 03 East ☐ or West ☒
Sec. 29, ____ 1/4 NW 1/4 SE 1/4
(10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Kootenai

Address of Well Site 4400 E Hudlow Rd
(Give at least name of road + Distance to Road or Landmark) City

Lt. ____ Blk. ____ Sub. Name

4. PROPOSED USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK
☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	227	100 lbs	Slurry

Was drive shoe used? Y ☐ N ☐
Was drive shoe seal tested? Y ☐ N ☐ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	227	.250	Steel	☒	☐	☒	☐
4"	+2	455	.160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe

9. PERFORATIONS/SCREENS
☒ Perforations Method Saw Cut
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
415	455	1/16	60	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
375 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:

NW SE 29 52N 3W

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1.6 gpm ←			1 1/2 hrs

Water Temp. Cold Bottom hole temp.
Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	2	TOP SOIL DARK BROWN SOFT		X
8	2	38	CLAYS TAN SOFT		X
8	38	64	CLAYS REDDISH SOFT		X
8	64	147	CLAYS DARK TAN SOFT		X
8	147	189	CLAYS BROWN SOFT		X
8	189	227	CLAYS GRAYISH SOFT		X
6	227	246	BASALT BLACK HARD		X
6	246	248	BASALT BLACK FRACTURED		X
6	248	315	BASALT BLACK MEDIUM		X
6	315	390	CLAY BLACKISH GRAY MEDIUM		X
6	390	395	CLAY WHITEST SOFT		X
6	395	401	CLAYS W/BROKEN BASALT		
			WHITEST BLACK SOFT	X	
6	401	460	BASALT BLACK HARD		X
			GRAVEL PACK FROM 200' - 455'		

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NORTHERN REGION
IDWR

MICROFILMED
JAN 0 9 1998

Completed Depth 455' (Measurable)
Date: Started 07/19/94 Completed 07/21/94

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

Firm Name H2O WELL SERVICE INC Firm No. 448
Firm Official [signature] Date 7-28-94
and
Supervisor or Operator [signature] Date 7/24/94
(Sign once if Firm Official & Operator)

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Form 238-7
OCT 20 1998

NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77853

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95 98 N 189
Other IDWR No. D0005465

2. OWNER:
Name Brent Travis
Address 11649 Eastshore Dr.
City Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

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Twp. 52 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 29, ____ 1/4 NE 1/4 SE 1/4
Gov't Lot ____ County Kootenai
Lat: : : Long: : :

Address of Well Site ½ mi. beyond pavement-Hudlow Rd. City Hayden
(Give at least name of road + Distance to Road or Landmark)

Lt. 1&2 Blk. 1 Sub. Name Moore's Addition

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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	30	200#	overbore

Was drive shoe used? ☐Y ☒N Shoe Depth(s)
Was drive shoe seal tested? ☐Y ☐N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	143	250	Steel	☒	☐	☐	☐
4"	-5	385	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☒ Perforations Method saw cut 1/8x4"
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
365	385		46		PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
298 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:

52N 3W 29

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8-10			

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: clear
Depth first Water Encountered 376'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8"	0	18	Clay, gravel, sand, fine		
			orange silt		x
	18	30	Clay, tan, hard		x
	30	63	Clay, orange w/gravel		x
	63	98	Clay, pink, saturated		x
	98	110	Clay, drk brown, hard		x
	110	121	Clay, black, hard		x
	121	133	Clay, black w/ basalt		
			gravel		x
	133	143	Basalt, black, broken		x
6"	143	210	Basalt, black, fractured		x
	210	231	Clay, drk brown, hard		x
	231	245	Clay, lt brown w/basalt		
			sand and gravel		x
	245	290	Clay, brown, saturated		x
	290	370	Basalt, black w/fractured		
			zones		x
	370	385	Basalt, brown, fractured	x	
			Shale Trap Installed At 300'		

Completed Depth 385' (Measurable)
Date: Started 10/12/98 Completed 10/14/98

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

Firm Name McCarty Drilling & Pump Firm No. 586
Firm Official [signature] Date 10-16-98
and
Supervisor or Operator ____ Date ____
(Sign once if Firm Official & Operator)

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