

RECEIVED

Farm 238-7
MAY 31 1995

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95 - 95 - N - 0037 000
Other IDWR No. _____

2. OWNER:

Name DON MATHESON
Address PO BOX 205
City ROCKFORD State WA Zip 99030

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N							
S							

Twp. 48 North ☒ or South ☐
Rge. 05 East ☐ or West ☒
Sec. 12 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County KOOTENAI

Address of Well Site _____
City _____

(Give at least name of road - Distance to Road or Landmark)

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			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
BENTONITE	0	18	2 BAGS	OVERBORE	
BENTONITE	0	18	55 GALS	SLURRY	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(e) 18'
Was drive shoe seal tested? ☒ Y ☐ N How? DROVE INTO ROCK

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	250	Steel	☒	☐	☐	☐
4	-5	180	160	PSIPVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	180	1/8x4	170	4"	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
NESW 12 48N SW

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
35+			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	10	TOPSOIL SANDY LOAM		X
10	10	18	GRANITE WHITE & BROWN BROKEN		X
6	18	24	GRANITE WHITE W/MICA		X
6	24	110	GRANITE DECOMP BROWN		X
6	110	160	GRANITE BLACK & COPPER W/WHITE		X
6	160	167	GRANITE BLACK & WHITE		
			FRACTURED W/WATER APPROX 35+	X	
6	167	180	GRANITE BLACK & WHITE		X

1 - 4x6 FORMATION PACKER
SET AT 100'

OFFICE USE ONLY

Inspected by TDK

Twp 48N Rge 05W Sec 12

1/4 SE 1/4 SW 1/4

MICROFILMED

JAN 8 1998

Completed Depth 180' (Measurable)
Date: Started 05/24/95 Completed 05/24/95

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 John W. Hickey Date 5-30-95
and G. E. H.
Supervisor or Operator Date 5-27-95
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES