

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

076660

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

1. WELL TAG NO. D5961Drilling Permit No: 95-99-NV-60

Other IDWR No. _____

2. OWNER

Name Sherman, RichWell Number: 879Address 2320 N Pines Rd.City Post Falls State Id Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 52 ☒ North or ☐ SouthRge. 05 ☐ East or ☒ WestSec. 35 1/4 SW 1/4 SW 1/4Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site Hidden Valley/N IdahoCity Rathdrum

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Seals or Pounds	
BENTONITE	0	18	4	Dry Granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	Steel	☒	☐	☒	☐
4	-10	243	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
203	243	1/8X6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure _____ lb.Depth flow encountered _____ ft. Describe access port or control devices: Bolt On Cap

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8			1 HR

Water Temp. Cold _____ Bottom Hole Temp _____

Water Quality test or comments: ClearDepth first Water encountered 140

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

					Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature		Y	N
8	0	1	Topsoil		☐	☒
8	1	12	Decomposed Granite		☐	☒
8	12	18	Granite White W/Black		☐	☒
6	18	69	Granite White W/Black		☐	☒
6	69	77	Granite White Gray W/Clav		☐	☒
6	77	136	Granite White Grayish Black		☐	☒
6	136	142	Granite White Quartz Soft		☒	☐
6	142	158	Granite White Green Black		☐	☒
6	158	188	Granite White W/Black		☐	☒
6	188	206	Granite White Grayish Soft		☒	☐
6	206	229	Granite White Black Medium		☒	☐
6	229	243	Granite White Black Medium Hard		☐	☒
	0	0	Bolt on Cap		☐	☐

Completed Depth 243' (Measurable)Date: Started 5/26/99 Completed 5/26/99

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 K20 Well Service, Inc. Firm No. 448Firm Official Tom R. R. R. Date 5/26/99

and _____

Supervisor or Operator T. M. M. Date 5/26/99

(Sign Once If Firm Official and Operator)

(Todd Morgan)

SCANNED

OCT 22 2015

