

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.

1. WELL OWNER

Name BOB HUSBAND
Address Bob's Road, Twin Lakes, Id
Drilling Permit No. 95-92-N-151
Water Right Permit No. _____

7. WATER LEVEL

Static water level 270 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ of. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>17 GPM</u>	<u>380</u>	<u>1</u>

3. PROPOSED USE

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

9. LITHOLOGIC LOG

85004

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	18	SAND, GRAVEL		X
8	18	72	SAND, GRAVEL		X
8	72	81	BASALT, BROWN, DECOMPOSED		X
8	81	112	BASALT, BLACK, FRACTURED		X
8	112	134	BASALT, BROWN/GREEN, DECOMP.	X	
8	134	141	BASALT, GREY, HARD		X
8	141	165	CLAY, GREY, HARD		X
8	165	174	SAND, GRAVEL, QUARTZITE	X	
8	174	180	CLAY, GREY, SOFT		X
6	180	196	CLAY, GREY, SOFT		X
6	196	250	CLAY, BROWN, SOFT		X
6	250	369	SAND, SILT, GREY, QUARTZ, WOOD		X
6	369	371	BOLDER, BASALT, BROWN		X
6	371	400	CLAY, BROWN, SAND, QUARTZ	X	

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness Diameter From To
.250 inches 8 inches + 2 feet 369 feet
.250 inches 8 inches 0 feet 73 feet
200 PSI inches 4" PVC inches 360 feet 400 feet
inches inches feet feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No SKULL SAW
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation 1/4 inches by 6 inches
Number From To
120 perforations 360 feet 400 feet
perforations feet feet
perforations feet feet
Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
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 7.3 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 WELL CAP

10.

Work started 8/24/92 finished 8/27/92

6. LOCATION OF WELL

Sketch map location must agree with written location.

N
W 31 X E
S

Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
SW 1/4 NW 1/4 Sec. 31, T. 53 N ☒ S ☐ R. 4 E ☐ W ☒

11. DRILLERS 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 Firm No. 448Address Hayden Lk, Id Date 8-28-92Signed by (Firm Official) Burt M. Coffand
(Operator) Anthony Grant