



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
RECEIVED
Ball Point Pen
FEB 06 1995

1. DRILLING PERMIT NO. 95 - 94 - N - 0252 - 000
Other IDWR No. _____

2. OWNER:

Name MURRAY, LINDA & PAUL
Address 309 TIMBERLOOP
City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 50 North ☒ or South ☐
 Rge. 04 East ☐ or West ☒
 Sec. 08, 1/4 SE 1/4 NW 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County KOOTENAI

Address of Well Site HARBOR ISLAND

(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	80	6 SACKS	CRUMBLES
BENTONITE	0	80	1 SACK	POWDER

Was drive shoe used? ☐ Y ☐ N ^YShoe Depth(s) _____
Was drive shoe seal tested? Y ☐ N ☐ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	2	256	.250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

SENW 8 SON 4W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air

Yield gal./min.	Drawdown	Pumping Level	Time
5			1 1/2

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: CLEAN

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

13. DRILLER'S CERTIFICATION

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

H2O WELL SERVICE, INC.

Firm Name _____ Firm No. _____

Firm Official John W. Keener Date 11/1/00

and 02/01/95

Supervisor or Operator Mark X. Fox Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES