Form 238-7
1/78

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.

TYPEWRITER OR BALLPOINT PEN

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1. WELL OWNER

Name W. Philip Blessing

Address 1121 E. Garden Coeur d'Alene

Owner's Permit No. 95-81-N-32

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

3. PROPOSED USE

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

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	6 inches +	2 feet	118 feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet

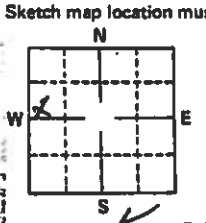
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
perforations	feet	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 20 Material used in seal: ☐ Cement grout ☒ Puddling clay ☒ Well cuttings
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 _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
SW ¼ NW ¼ Sec. 8, T. 49 N/S, R. 3 E/W.

7. WATER LEVEL

Static water level 10 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature Cold °F. Quality Good

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
50	—	1 hr.

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Yes	Water No
8	0	3	Gravel		X
	3	16	Broken Basalt		X
	16	20	Basalt		X
	20	102	Basalt		X
	102	118	Clay		X
	118	120	Sand	X	
			Reamed Hole From 20 To 102		

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10. Work started 3/22/81 finished 3/25/81

11. DRILLERS CERTIFICATION Cb dL

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

Firm Name Associated Drillers Firm No. 245
Address Box 723 C.D.A. Idaho Date 3/25/81
Signed by (Firm Official) [signature]
and
(Operator) [signature]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT