



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.

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9/85

1. WELL OWNER

Name Tom Beebe
Address P.O. Box 221 Bay View ID
Owner's Permit No. 96-85-N-50

7. WATER LEVEL

Static water level 90 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality Good
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ 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>23 GPM.</u>	<u>295</u>	<u>1 hr.</u>

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>10</u>	<u>0</u>	<u>5</u>	<u>Brown Dirt</u>		☒
<u>10</u>	<u>5</u>	<u>15</u>	<u>Sand + Boulders</u>		☒
<u>10</u>	<u>15</u>	<u>30</u>	<u>Sand + Fine Dirt</u>		☒
<u>8</u>	<u>30</u>	<u>94</u>	<u>Sand + gravel</u>		☒
<u>6</u>	<u>94</u>	<u>146</u>	<u>Granite Fine</u>	☒	
<u>6</u>	<u>146</u>	<u>300</u>	<u>Granite Soft</u>	☒	

4. METHOD DRILLED

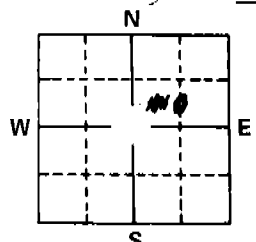
☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
250 inches 8 inches 1 feet 60 feet
inches inches feet feet
250 inches 6 inches 1 feet 96 feet
inches inches feet feet
125 inches 4 inches 60 feet 300 feet
inches inches feet feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☒ Yes ☐ No
Perforated? P.U.C. ☒ Yes ☐ No On 11
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation 1/2 inches by 1/2 inches
Number _____ From _____ To _____
70 perforations 250 feet 300 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
☒ 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 _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAI

E 1/2 1/4 N 1/4 Sec. 32, T. 54 N. R. 2 E. W.

10.

Work started 4/12/85 Finished 4/15/85

11. DRILLERS CERTIFICATION

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

Firm Name United Drilling, Inc. Firm No. 414

Address P.O. Box 2499 Date 4/15/85

Signed by (Firm Official) Edmund Volby

and
(Operator) Tim R Volby