

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0057335
 DRILLING PERMIT NO. _____
 Other IDWR No. _____

2. OWNER:
 Name Steve Wykecoop
 Address 12525 Ovondale Rd NE
 City Redmond State Idaho Zip 98052

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

	Twp. <u>50</u>	North ☒ or South ☐
	Rge. <u>6</u>	East ☐ or West ☒
	Sec. <u>25</u>	_____ 1/4 <u>SE</u> 1/4 <u>SE</u> 1/4
	Gov't Lot _____	County <u>Kootenai</u>
Lat: _____		Long: _____
Address of Well Site <u>3220 S.</u>		
City <u>Post Falls</u>		

(Date of last re-survey of road - Distance to Road or Landmark)
Alexandra Lu

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	Sacks or Pounds		
Barricade Casing Seal	0	38	18 bags	backfill	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38
 Was drive shoe seal tested? ☒ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	2'	38	250	Steel	☐	☐	☒	☐
4"	10	120	200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method 3/8" spade bit

Screens _____ Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

57 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 17 ft. Describe access port or control devices: bolt down cap

11. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
<u>75</u>			<u>1 hr</u>

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	Topsoil		☒
10	1	7	Clay, Brown + Hard		☒
10	7	16	Granite, Decomposed		☒
10	16	38	Granite, medium		☒
6	38	77	Granite, medium		☒
6	77	82	Granite, Fractured w/ water 4 gpm	☒	
6	82	97	Granite, medium		☒
6	97	103	Granite, Fractured 71 gpm	☒	
6	103	120	Granite, medium		☒

Recommended pump depth is 105 ft.

Completed _____ Depth 120 ft (Measurable)
 Date: Started 12/16/09 Completed 12/16/09

13. DRILLER'S CERTIFICATION

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

Company Name HL Drilling Inc. Firm No. 319

Firm Official Brian G. ... Date 1/14/2010

and Driller or Operator Don Anderson Date 1/14/2010

(Sign once if Firm Official & Operator)