

052291

RECEIVED
MAY 16 1994

2. OWNER:
Name BRYON RHOADES
Address E. 11207 48TH
City SPOKANE State WA Zip 99206

Sketch map location must agree with written location.

Address of Well Site **HOLLISTER HILLS**

(Give at least Direction + Distance to Road or Landmark)

Lot No.	Block No.	Subd. Name
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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	18	5	OVERBORE

Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Castling	Liner	Steel	Plastic	Welded	Threaded
6"	+2	18	.250	X		☒	☐	☒	☐
4"	10	425	160 PSI		X	☐	☒	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 18'

Top Packer or Headpipe_____Bottom Tailpipe_____

9. PERFORATIONS/SCREENS

☒ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casting	Lines
365	425		300	3/8		☐	☒
						☐	☐
						☐	☐
						☐	☐

SWSW 17 51N 5W

10. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
50 EST.	N/A	425'	1 HR.

Temperature of water COLD Was a water analysis done? Yes ☐ No ☒

By whom? N/A

Water Quality (odor, etc.) CLEAR

Bottom Hole Temperature COLD

11. STATIC WATER LEVEL:

200' ft. below surface Depth artesian flow found

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S 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

Firm Official Sam R. Volkey VP Date 4-5-94
and

Supervisor or Operator Larry Vardulinos TR Date 4-5-94
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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. **D0035262**

DRILLING PERMIT N **823749**

Other IDWR No _____

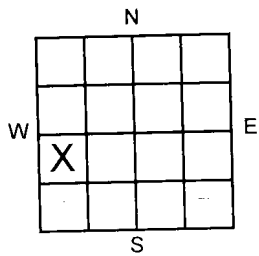
2. OWNER:

Name **Byron Rhoades**

Address **10715 North Payment Peak Road**

City **Post Falls** State ID _____ Zip **83854**

3. LOCATION OF WELL by legal description:



Twp **51N** North ☒ or South ☐
Rge **05W** East ☐ or West ☒
Sec **17** 1/4 NW 1/4 SW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County **Kootenai**
Lat _____ Long _____

Address of Well Site: (see next line)

10715 North Payment Peak Road City **Post Falls**

Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite Grans	0	19	4 sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **19**

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	+1	19	0.250	Steel	☒	☐	☒	☐
4	10	630	0.165	PVC	☐	☒	☒	☐

Length Headpipe **20** Length Tailpipe **630**

9. PERFORATIONS/SCREENS

☒ Perforations? Method **Drilled Liner**
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
580	640	3/8"	200	4"	PVC	☐	☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

180 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered **335** ft. Describe access port or

control devices: **Steel Cap Welded**

11. WELL TESTS

Yield gal./min.	Drawdown	Pump Level	Time
5	100%	635	1 Hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered **68**
Cold, Clear, and No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	12	Granite: Brown Decomposed	☐	☒
8	12	19	Granite: Gray Medium	☐	☒
6	19	30	Granite: Gray Medium	☐	☒
6	30	50	Granite: Brown with Rose	☐	☒
6	50	68	Granite: Gray Medium	☐	☒
6	68	70	Broken Granite: Gray Medium	☒	☐
6	70	178	Granite: Brown with Rose	☐	☒
6	178	180	Quartz	☐	☒
6	180	235	Granite: Salt and Pepper Hard	☐	☒
6	235	255	Granite: Gray Medium	☐	☒
6	255	305	Granite: Brown with White	☐	☒
6	305	330	Granite: Gray Medium	☐	☒
6	330	335	Granite: Brown with Rose	☐	☒
6	335	340	Broken Granite: Brown with Rose (3GPM)	☒	☐
6	340	360	Granite: Brown with Rose	☐	☒
6	360	465	Granite: Salt and Pepper Medium	☐	☒
6	465	495	Granite: Gray Medium	☐	☒
6	495	640	Granite: Salt and Pepper Hard	☐	☒

Completed Dept **640** (Measurable)
Date: Started **8/16/2004** Complete **8/19/2004**

13. DRILLERS CERTIFICATION

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

Firm **United Drilling Inc.** Firm N **414**
Name _____
Firm Official **[Signature]** Date **8/25/2004**
and _____
Supervisor or Operator **Curtis S. Hammond** Date **8/25/2004**

51N 5W 17