

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
TELETYPE UNIT OF
BULLOCH STREET

MAY 06 1988

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.

1. WELL OWNER

Name DON SHARENBERG

Address 3617 HILLCREST CIRCLE, COV, IND. 46013

Owner's Permit No. 95-88-N-19

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

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 .250 inches Diameter 6 inches From 1 feet To 39 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 18" 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 1/4" OPENING

7. WATER LEVEL

Static water level 100 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ OF. Quality Good

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M. 20-24 GPM Pumping Level _____ Hours Pumped _____

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	1	TOP SOIL		X
10	1	6	BRN. CLAY - FIRM		X
10	6	25	GRANITE - MEDIUM - SOFT		X
8	25	50	GRANITE - MILD - FRACTS.	X	
6			2 GPM @ 50 ft		X
6	50	120	GRANITE - HARD, FRACT. AREA		X
6	120	400	GRANITE - HARD / VERY HARD FRACTS	X	
			20-24 GPM @ 375' - 380'		

10.

Work started 4/15 finished 4/18/88

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name Gov. LOT #4

Lot No. _____ Block No. _____

County KOOTENAI

_____ 1/4 _____ 1/4 Sec. 19, T. 50 N, R. 4 E (W)

11. DRILLERS CERTIFICATION

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

Firm Name JJ Drilling Inc. Firm No. 319

35613 LINKE RD.

Address GREENACRES WAY Date 4/21/88

Signed by (Firm Official) [Signature]

and [Signature]

(Operator) [Signature]