

Identify

Identify from

Tenets

KOOTENAI COUNTY BAPTIST CHURCH INC

Location: 2,282,975.484 1,042,092.284 Meters

Field	Value
OBJECTID	5035554
UPDATED	2/23/2010
PIN	P-7050-25-001-AA
OWNER	KOOTENAI COUNTY BAPTIST CHURCH INC
ADDRESS1	PO BOX 2213
ADDRESS2	
CITY	POST FALLS
STATE	ID
ZIPCODE	83877
P_ADDRESS	8076 W PRAIRIE AVE
P_ZIPCODE	83854
SUB_NAME	
LEGAL1	POST FALLS IRR TR, E2-TR 1 BLK 25 EX R/W
LEGAL2	442- Com Imp lot/tract in city
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	4
COUNTY	Kootenai
YEAR_BUILT	1984
SHAPE	Polygon
ParcelCount	1
SHAPE.area	16087.609375
SHAPE.len	544.078295

Wells SC WMIS Dam Safety UTC WRA

Recommendation POD

500

Identified 1 feature

2282767.352 1842064.052 Meters

start

Microsoft

http://www.sage...

Chat11:0pm read...

6:25 AM

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 <u>KOOTENAI County Baptist Church</u> Address <u>4406 HOLMS RD, COEUR D'ALENE ID</u> Owner's Permit No. <u>95-84-N-95</u>	7. WATER LEVEL Static water level <u>226'</u> 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 _____ <i>Describe artesian or temperature zones below.</i>																																																																						
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 ☒ Bailor ☐ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">226'</td> <td style="text-align: center;">1</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	30	226'	1																																																																
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>1'</td> <td>TOP SOIL</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>1'</td> <td>104'</td> <td>GRAVEL + SAND</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>104'</td> <td>106'</td> <td>SLATE BOLDER</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>106'</td> <td>117'</td> <td>GRAVEL + SAND</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>117'</td> <td>119'</td> <td>SLATE BOLDER</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>119'</td> <td>194'</td> <td>GRAVEL + SAND</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>194'</td> <td>197'</td> <td>GRANITE BOLDER</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>197'</td> <td>226'</td> <td>GRAVEL + SAND</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>226'</td> <td>243'</td> <td>GRAVEL + SAND</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>243'</td> <td>258'</td> <td>COBBLES, GRAVEL, & SOME SAND</td> <td></td> <td>X</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	1'	TOP SOIL		X		1'	104'	GRAVEL + SAND		X		104'	106'	SLATE BOLDER		X		106'	117'	GRAVEL + SAND		X		117'	119'	SLATE BOLDER		X		119'	194'	GRAVEL + SAND		X		194'	197'	GRANITE BOLDER		X		197'	226'	GRAVEL + SAND		X		226'	243'	GRAVEL + SAND		X		243'	258'	COBBLES, GRAVEL, & SOME SAND		X
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____	5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>8 inches</td> <td>1 1/2 feet</td> <td>258 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> 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 _____ Material used in seal: ☐ Cement grout ☒ Bentonite ☒ Pudding 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 <u>8" WELL CAP</u>	Thickness	Diameter	From	To	250 inches	8 inches	1 1/2 feet	258 feet													Number	From	To																																															
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. Subdivision Name <u>Post Falls</u> Township <u>10 North</u> Range <u>14 East</u> Section <u>25</u> County <u>Kootenai</u> NE 1/4 NE 1/4 Sec. 25, T. 51 N., R. 5 E., S.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 <u>FLANIGAN/FLANIGAN</u> Firm No. <u>433</u> Address <u>PO Box 320</u> Date <u>9/28/84</u> Signed by (Firm Official) <u>James H. Flanigan</u> and (Operator) <u>James H. Flanigan</u>																																																																						

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