

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D D0033228

DRILLING PERMIT NO. 838030

Water Right or Injection Well No. _____

RECEIVED

DEC 11 2003

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

2. OWNER:

Name Charles M Keno IDWR/North

Address 21002 Bradshaw Rd.

City Fairfield State wa Zip 99012

Yield gal./min.	Drawdown	Pumping Level	Time
30 gpm	Air lift from	125'	

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 47 North ☒ or South ☐

Rge. 4 East ☐ or West ☒

Sec. 4 1/4 N/E 1/4 N/W 1/4

Gov't Lot _____ 10 acres County Kootenai

Lat: _____ Long: _____

Address of Well Site _____

(Give at least name of road + Distance to Road or Landmark)

City Worley

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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	30	205K	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 36'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-36	250	Steel	☒	☐	☒	☐
4"	-12	-125	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
105	125	1"	16	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

38' ft. below ground Artesian pressure _____ lb.

Depth flow encountered 95 ft. Describe access port or control devices: _____

Well Cap

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	30	Basalt - Gray Broken		
6"	30	36	Basalt - Gray Broken		
	36	95	Basalt - Gray - soft		
	95	100	Basalt - Gray - Broken		
			w/water 5 gpm		
	100	125	Basalt - Gray - Broken		
			w/water 25 gpm		
			30 gpm, total @ 125'		

Completed Depth 125 (Measurable)

Date: Started 10-22-03 Completed 10-24-03

14. DRILLER'S CERTIFICATION

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

Company Name All-Ways Drilling Inc. Firm No. 510

Principal Driller Stanley K. Wolfe Date 11-21-03

and Driller or Operator II Alvin Carris Date 11-21-03

Operator I _____ Date _____

Principal Driller and Rig Operator Required.