

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.

resources
AUG 27 1982

1. WELL OWNER

Name ALLEN TOOLE
Address 35 E. 40th
SPOKANE WA.
Owner's Permit No. 95-82-N-57

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

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 220 inches 16 inches + 1 feet 107 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 1/2 inches by 7 inches
Number 14 From 107 feet 107 feet
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 20 Material used in seal: ☐ Cement grout
☒ Puddling clay ☒ Well cuttings
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

6. LOCATION OF WELL

Sketch map location must agree with written location.
Subdivision Name _____
Lot No. _____ Block No. _____
County KOOTENAI
NW 1/4 NW 1/4 Sec. 10, T. 48 N., R. 4 E.

7. WATER LEVEL

Static water level 65.75 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature Cold OF. Quality Good

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other
Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____
AIR TEST EST. 25 g.p.m.

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water Yes No
	From	To		
8"	0	3	OVERBURDEN	
	3	45	YELLOW CLAY	
	45	73	BROWN CLAY	
	73	108	BROKEN BASALT	
	108	110	HARD BASALT	

10.

Work started 7/20/82 finished 7/21/82

11. DRILLERS CERTIFICATION

ll
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
Address COEUR D'ALENE Date 7/30/82
IDAHO
Signed by (Firm Official) _____
and
(Operator) m. Blum

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