

WELL DRILLER'S REPORT

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 Ross Kimball

Address 414 Stinner, Coeur d'Alene Id

Owner's Permit No. 95-91-N-167-000

2. NATURE OF WORK

☒ New well

☐ Deepened

☐ Replacement

☐ Well diameter increase

☐ 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

Diameter

From

To

250 inches 6 inches + 1 feet 136 feet

140 inches 4" inches - 10 feet 403 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 JACO

How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation 1/8 inches by 5 inches

Number

From

To

60 perforations 363 feet 403 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 n seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth ☐ Solvent Weld

Method of joining casing: ☐ Threaded ☒ Welded ☐ Cemented between strata

Describe access port _____

7. WATER LEVEL

Static water level 40 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 _____

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump

☐ Bailor

☐ Air

☐ Other _____

Discharge G.P.M.

Pumping Level

Hours Pumped

24002

9. LITHOLOGIC LOG

022465

Bore Diam.

Depth

Material

Water

Yes

No

807TopsoilX

1/47129Gray clay - micaX

129227Deconposed granite soft - redX

227332Granite - gray - medX

332403Granite - red medX

10.

Work started 10-21-91 finished 10-23-91

11. DRILLERS CERTIFICATION

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

Firm Name H2O Well Svc. Firm No. 448

Address Hayden Lk. Id Date 10-23-91

Signed by (Firm Official) _____ and _____

(Operator) _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

25

Subdivision Name 100 20 1991

Lot No. _____ Block No. _____

County Kootenai

SW 1/4 SW 1/4 Sec. 25, T. 50 S. R. 5 W. 1

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