

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	Long: _____		

1. WELL TAG NO. D0035237Drilling Permit No: 822110

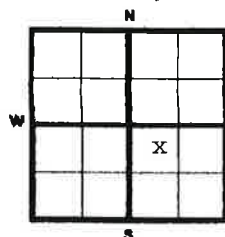
Other IDWR No. _____

2. OWNER

Name Saurette, LucienWell Number: 797Address 18178 W. Riverview DriveCity Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50 ☒ North or ☐ SouthRge. 05 ☐ East or ☒ WestSec. 08 1/4 NW 1/4 SW 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 18178 W. Riverview DCity Post Falls

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

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/FILTER PACK			AMOUNT Sacks or Pounds	METHOD
Material	From	To		
BENTONITE	0	18	200 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	Steel	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

300 ft. below ground Artesian pressure _____ lb.

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

50N 5W 8

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
>1			1/2hr

Water Temp. Cold _____ Bottom Hole Temp Cold _____

Water Quality test or comments: ClearDepth first Water encountered 110

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	1	Top Soil	☐	☒
8	1	18	Granite Fractured	☐	☒
6	18	31	Granite Fractured	☐	☒
6	31	106	Granite White w/Black	☐	☒
6	106	121	Granite White w/Black w/h2o	☒	☐
6	121	140	Granite White w/Black	☐	☒
6	140	152	Granite White	☐	☒
6	152	260	Granite White w/Black	☐	☒
6	260	270	Granite White w/Gray	☐	☒
6	270	365	Granite Black w/White	☐	☒
6	365	381	Granite White	☐	☒
6	381	430	Granite White w/Black	☐	☒
6	430	449	Granite White	☐	☒
6	449	525	Granite White w/Black	☐	☒
6	525	539	Granite White	☐	☒
6	539	606	Granite White w/Black	☐	☒
6	606	622	Granite Black w/White	☐	☒

RECEIVED
SEP 08 2004
IDWR/North

SCANNED
JUL 26 2018

Completed Depth 622 (Measurable)
Date: Started 8/5/2004 Completed 8/10/2004

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448Firm Official [Signature] Date 08/13/04and Supervisor or Operator [Signature] Date 08/12/04Todd Morgan
(Sign Once if Firm Official and Operator)