



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 Hank Hester
 Address RT 1 Box 142 Priest River Id.
 Drilling Permit No. 96-92-N 252
 Water Right Permit No. _____

7. WATER LEVEL
 Static water level 145 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 _____
Describe artesian or temperature zones below.

2. NATURE OF WORK
 New well Deepened Replacement
 Well diameter increase Modification
 Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

8. WELL TEST DATA
 Pump Bailor Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>7.5</u>	<u>140</u>	<u>2</u>

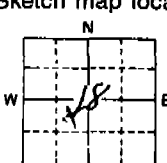
3. PROPOSED USE
 Domestic Irrigation Monitor
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG 105053

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>25</u>	<u>Sandy Soil</u>		<input type="checkbox"/>
	<u>25</u>	<u>35</u>	<u>Sand + Gravel</u>		<input type="checkbox"/>
	<u>35</u>	<u>55</u>	<u>Sand</u>		<input type="checkbox"/>
	<u>55</u>	<u>70</u>	<u>Sand + Gravel</u>		<input type="checkbox"/>
	<u>70</u>	<u>115</u>	<u>Sand</u>		<input type="checkbox"/>
	<u>115</u>	<u>145</u>	<u>Sand fine</u>		<input type="checkbox"/>
	<u>145</u>	<u>170</u>	<u>Sand Fine</u>		<input type="checkbox"/>
	<u>170</u>	<u>187</u>	<u>Coarse Sand</u>		<input type="checkbox"/>
	<u>187</u>	<u>191</u>	<u>Coarse Sand + Clay</u>		<input type="checkbox"/>

4. METHOD DRILLED
 Rotary Air Auger Reverse rotary
 Cable Mud Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION
 Casing schedule: Steel Concrete Other _____
 Thickness _____ Diameter _____ From _____ To _____
1/4 inches 6 inches + 1 feet 187 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 Gun
 Size of perforation? _____ inches by _____ inches
 Number _____ From _____ To _____
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Well screen installed? Yes No
 Manufacturer _____ Type _____
 Top Packer or Headpipe _____
 Bottom of Tailpipe _____
 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
 Bentonite Puddling 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 _____

6. LOCATION OF WELL
 Sketch map location must agree with written location.

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Bonner
 Address of Well Site Gary Wood - Hwy 95
(give at least name of road)
NE 1/4 SW 1/4 Sec. 18, T. 54 N or S
 R. 2 E or W

10. Work started Oct 20-92 finished Nov 13-92

11. DRILLER'S CERTIFICATION
 I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Firm Name Brl Pitts + Sons Firm No. 168
 Address RT 2 Oldtown Id Date 11-13-92
 Signed by Drilling Supervisor [Signature]
 and
 (Operator) [Signature]
(If different than the Drilling Supervisor)

