

Form 207
1988

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NORTHERN REGION
IDWR



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR
BALLPOINT PEN

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.

<p>1. WELL OWNER <u>95-95-N-42-201</u></p> <p>Name <u>CITY OF POST FALLS ID.</u></p> <p>Address <u>408 SPOKANE ST 83854</u></p> <p>Owner's Permit No. <u>95-08862</u></p>	<p>7. WATER LEVEL</p> <p>Static water level <u>198</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>45</u>°F. Quality <u>GOOD</u></p>																																																										
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>	<p>8. WELL TEST DATA</p> <p><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>1800</u></td> <td><u>199</u></td> <td><u>2</u></td> </tr> <tr> <td><u>1500</u></td> <td><u>199' 8"</u></td> <td><u>2</u></td> </tr> <tr> <td><u>2000</u></td> <td><u>200' 5"</u></td> <td><u>2</u></td> </tr> <tr> <td><u>2500</u></td> <td><u>201' 2"</u></td> <td><u>2</u></td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>1800</u>	<u>199</u>	<u>2</u>	<u>1500</u>	<u>199' 8"</u>	<u>2</u>	<u>2000</u>	<u>200' 5"</u>	<u>2</u>	<u>2500</u>	<u>201' 2"</u>	<u>2</u>																																											
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<p>3. PROPOSED USE</p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input checked="" type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><u>24</u></td> <td><u>0</u></td> <td><u>20</u></td> <td><u>GRAVEL 3" MINUS</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>20</u></td> <td><u>73</u></td> <td><u>GRAVEL 3" MINUS</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>73</u></td> <td><u>91</u></td> <td><u>PEA GRAVEL + SAND</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>91</u></td> <td><u>160</u></td> <td><u>GRAVEL 3" MINUS</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>160</u></td> <td><u>200</u></td> <td><u>GRAVEL 1/2" MINUS</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>200</u></td> <td><u>260</u></td> <td><u>GRAVEL 1/2" MINUS</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>260</u></td> <td><u>269</u></td> <td><u>COARSE SAND</u></td> <td></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>269</u></td> <td><u>315</u></td> <td><u>GRAVEL 1/2" MINUS</u></td> <td></td> <td><u>X</u></td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	<u>24</u>	<u>0</u>	<u>20</u>	<u>GRAVEL 3" MINUS</u>		<u>X</u>	<u>18</u>	<u>20</u>	<u>73</u>	<u>GRAVEL 3" MINUS</u>		<u>X</u>	<u>18</u>	<u>73</u>	<u>91</u>	<u>PEA GRAVEL + SAND</u>		<u>X</u>	<u>18</u>	<u>91</u>	<u>160</u>	<u>GRAVEL 3" MINUS</u>		<u>X</u>	<u>18</u>	<u>160</u>	<u>200</u>	<u>GRAVEL 1/2" MINUS</u>		<u>X</u>	<u>18</u>	<u>200</u>	<u>260</u>	<u>GRAVEL 1/2" MINUS</u>		<u>X</u>	<u>18</u>	<u>260</u>	<u>269</u>	<u>COARSE SAND</u>		<u>X</u>	<u>18</u>	<u>269</u>	<u>315</u>	<u>GRAVEL 1/2" MINUS</u>		<u>X</u>
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<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.375</u> inches</td> <td><u>18"</u> inches</td> <td><u>2</u> feet</td> <td><u>255</u> feet</td> </tr> <tr> <td><u>.375</u> inches</td> <td><u>16"</u> inches</td> <td><u>305</u> feet</td> <td><u>315</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer's name <u>HALLIBURTON</u></p> <p>Type <u>STAINLESS STEEL</u> Model No <u>TELESCOPE</u></p> <p>Diameter <u>18"</u> Slot size <u>180</u> Set from <u>305</u> feet to <u>265</u> feet</p> <p>Diameter <u>18"</u> Slot size <u>100</u> Set from <u>265</u> feet to <u>255</u> feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>20'</u> Material used in seal: <input checked="" type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input checked="" type="checkbox"/> Temp. surface casing</p> <p><input type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>2" PIPE WITH THREADED CAP</u></p>	Thickness	Diameter	From	To	<u>.375</u> inches	<u>18"</u> inches	<u>2</u> feet	<u>255</u> feet	<u>.375</u> inches	<u>16"</u> inches	<u>305</u> feet	<u>315</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																											
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<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;"> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>KOOTENAI</u></p> <p>NW 1/4 NE 1/4 Sec. <u>2</u>, T. 50 N, R. 5 E (W)</p>	<p>10. Work started <u>NOV 15-95</u> finished <u>FEB 13-96</u></p> <p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>HOLMAN DRILLING CORP.</u> No. <u>108</u></p> <p>Address <u>E 3410 9TH AVE</u> Date <u>MARCH 12-96</u></p> <p><u>SPOKANE WA 99202</u></p> <p>Signed by (Firm Official) <u>Arnold E. Holman</u></p> <p>and (Operator) <u>Armed Phinney</u></p>																																																										