

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. D0033898

DRILLING PERMIT N

819876

Other IDWR No _____

2. OWNER:Name **Eagle Tree Group**

Address PO Box 1496

City Tacoma

State WA

Zip 98401

3. LOCATION OF WELL by legal description:

N			
S			

W E

Twp 50N North ☒ or South ☐
Rge 05W East ☐ or West ☒
Sec 13 1/4 NW 1/4 SE 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)

West Star Light Road

City Post Falls

Lot 10 Blk _____
Sundown Estates Lot #10**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	Method
Material	From	To	Sacks/Lbs	
Bentonite Grans	0	24	4 sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 25Drive Shoe Seal Tested? ☐ Y ☒ N How? _____**8. CASING/LINER**

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	+1	25	0.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	10	200	0.165	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length Headpipe 25 Length Tailpipe 190

9. PERFORATIONS/SCREENS☒ Perforations? Method Drilled Liner
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
140	200	3/8"	200	4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL or ARTESIAN PRESSURE80 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 160 ft. Describe access port or
control devices: Steel Cap Welded**11. WELL TESTS:**☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
40	100%	195	2 Hours

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered 106
Cold, Slight Brown, No Smell**12. LITHOLOGIC LOG (Describe repairs or abandonment)**

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	2	Topsoil	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	2	10	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	10	22	Granite: Brown Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	22	24	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	24	54	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	54	57	Granite: Green Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	57	106	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	106	109	Granite: Brown Soft Broken (6GPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	109	121	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	121	124	Granite: Broken (15GPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	124	158	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	158	160	Granite: Broken (19GPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	160	200	Granite: Gray Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED
JUL 29 2004
IDWR-Post FallsCompleted Dept 200 (Measurable)
Date: Started 7/8/2004 Completed 7/9/2004**13. DRILLERS CERTIFICATION**I/We certify that all minimum well construction standards were complied with at
the time the rig was removed.Firm United Drilling Inc. Firm No 414
Name _____ Date 7/13/2004
Firm Official *Tim M. Valdes pms.*
and _____
Supervisor or Operator Curtis S. Hammond Date 7/13/2004

50N 5W 13