Form 238-7
3/95

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

**Use Typewriter or Ballpoint Pen**

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

## 1. DRILLING PERMIT NO. ____-____-__-_____-_____

Other IDWR No. D0003565

## 2: OWNER:

Name Lester & Lisa Palmer
Address Rt 2, Box 210
City Hayden State ID Zip 83835

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N / W / E / S

Twp 52N North ☒ or South ☐
Rge 03W East ☐ or West ☒
Sec 35 ____ 10 acres ____ 1/4 NE 40 acres 1/4 SE 160 acres 1/4
Lot ____ County Kootenai
Lat: : : Long: : :

Address of Well Site Lancaster around lake to 3 forks,
_____ City _____
(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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| Bentonite | 0 | -18 | 8 sacks | Pour in |
| | | | | |
| | | | | |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 50'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

## 8. CASING/LINER:

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6" | +1 | -59 | .025 | Steel | ☒ | ☐ | ☒ | ☐ |
| 4" | -20 | -140 | | PVC | ☐ | ☒ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe _____ Length of Tailpipe _____

## 9. PERFORATIONS/SCREENS

☒ Perforations Method Drill
☐ Screens Screen Type _____

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| -60 | -120 | | 200 | 5/16 | PVC | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 70 ft. Describe access port or control devices: Steel Cap Welded

## 11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 17 GPM | 100% | 130' | 1 hr. |
| | | | |
| | | | |

Water Temp. cold Bottom hole temp. cold
Water Quality test or comments: clear, cold, no smell
Depth first Water Encountered 70

## 12. LITHOLOGIC LOG: (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8" | 0 | 6 | Topsoil - brown | | X |
| 8" | 6 | 58 | Brown & white granite - soft | | X |
| 8" | 58 | 59 | Brown & white granite - medium | | X |
| 6" | 59 | 70 | Brown & white granite - medium | | X |
| 6" | 70 | 73 | Brown & white granite - soft - water - 17 GPM | X | |
| 6" | 73 | 78 | Brown & white granite - medium | | X |
| 6" | 78 | 85 | Brown & white granite - soft | | X |
| 6" | 85 | 90 | Brown & white granite - medium | | X |
| 6" | 90 | 130 | Black & white granite - hard | | X |
| 6" | 130 | 133 | Green,white & black granite - medium | | X |
| 6" | 133 | 140 | Black & white granite - medium | | X |

Completed Depth 140 (Measurable)
Date: Started 12/18/97 Completed 12/19/97

## 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 United Drilling Inc. Firm No. 414
Firm Official _____ Date 12/19/97
and
Supervisor or Operator Jason C. Beckham Date 12/19/97
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES