

95-10201

Form 238-7
6/02IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____		Long: _____	

1. WELL TAG NO. D 0051234
 DRILLING PERMIT NO. 845483
 Water Right or Injection Well No. _____

**2. OWNER:**

Name Jim Hammond
 Address 747 N. Dundee
 City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 50 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 9 1/4 SE 1/4 NW 1/4
 Gov't Lot _____
 County Kootenai
 Lat: _____ Long: _____
 Address of Well Site Foot Hill Drive

(Give at least name of road + Distance to Road or Landmark)
city Coeur d' Alene

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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite granular	0	39	10 sacks	Dry Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 108Was drive shoe seal tested? ☐ Y ☒ N How? _____**8. CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	3	108	.25	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____**9. PERFORATIONS/SCREENS PACKER TYPE**Perforation Method Torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
88	108	1/4	40	6	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:39 ft. below ground Artesian pressure _____ lb.Depth flow encountered 41 ft. Describe access port or control devices: _____Steel cap welded**12. WELL TESTS:**

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60+	100%	105	1 Hour

Water Temp. Cold Bottom hole temp. ColdWater Quality test or comments: Clear, cold, no smellDepth first Water Encounter 41**13. LITHOLOGIC LOG: (Describe repairs or abandonment)**

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	Clay brown		X
10	3	10	Sands and gravel fine		X
10	10	14	Clay brown		X
10	14	18	Clay black		X
8	18	39	Clay black		X
8	39	42	Basalt black soft w/ 8 gpm	X	
8	42	106	Basalt black hard		X
8	106	108	Basalt broken w/ 60+ gpm	X	

RECEIVED**MAR 01 2007****IDWR/North**Completed Depth 108 FT (Measurable)Date: Started 1-31-07 Completed 1-31-07**14. DRILLER'S CERTIFICATION**

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

Company Name United Pump & Drilling Firm No. 636Principal Driller Jason Beckham Date 2-01-07and
Driller or Operator II [Signature] Date 2-1-07

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

50 N 4W 9