Form 238-7
6/98

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED
MAR 04 1994
Department of Water Resources

092241

Use Typewriter or Ball Point Pen

1. DRILLING PERMIT NO. 96. 94. N. 9 . 001
Other IDWR No.

2. OWNER:
Name ROGER HAINES
Address 10700 E PARKS RD
City ATHOL State ID Zip 83801

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

T. 53 North X or South ☐
R. 03 East ☐ West X
Sec. 24, SW 1/4 (10 acres) NE 1/4 (40 acres) SE 1/4 (160 acres)
Gov't Lot ____ County Kootenai

Address of Well Site SAME
(Give at least Direction + Distance to Road or Landmark)
Lot No. ____ Block No. ____ Subd. Name ____

4. PROPOSED USE:
X Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK DEEPEN
☐ New Well X Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary X Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD

Was drive shoe seal tested? YO NO How?

8. CASING/LINER: Existing well had 130' of 10" casing

Diameter	From	To	Guage	Casing	Liner	Steel	Plastic	Welded	Threaded
4" pvc	7	463	160psi		X	☐	X	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes
Top Packer or Headpipe Bottom Tailpipe

9. PERFORATIONS/SCREENS
X Perforations Method Skillsaw
☐ Screens Type Material

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casing	Liner
130	135	.25x5"	20	4"		☐	X
423	463	.25x5"	180	4"		☐	X
						☐	☐
						☐	☐

SET FORMATION PACKER @136'

SW NE SE 24 53N 3W

10. WELL TESTS:
☐ Pump ☐ Bailer X Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
1 gpm			

Temperature of water ____ Was a water analysis done? Yes ☐ No ☐
By whom?
Water Quality (odor, etc.)
Bottom Hole Temperature

11. STATIC WATER LEVEL:
353' ft. below surface Depth artesian flow found
Artesian pressure ____ lb. Describe access port
Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM
6	130	147	GRANITE BLK WHT MED HARD	
6	147	153	GRANITE BLK WHT FRACTURE HARD	
6	153	220	GRANITE BLK WHT MED HARD	
6	220	226	GRANITE BLK WHT FRACTURED	
6	226	416	GRANITE BLK WHT MED HARD	
6	416	421	GRANITE BLK WHT FRACTURED	
6	421	463	GRANITEBLK WHT MED HARD	

RECEIVED
JAN 31 1994
NORTHERN REGION
IDWR

FEB 09 1995

Date: Started 01/18/94 Completed 01/20/94

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with the time the rig was removed.

Firm Name H2O WELL SERVICE INC Firm No. #448
Firm Official Date 1-24-94
and
Supervisor or Operator Date 1/24/94
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES