

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 39672
DRILLING PERMIT NO. 825737
Water Right or Injection Well No. _____

2. OWNER:
Name Brian Melka
Address 41542 S. Hwy 97
City Harrison State ID Zip 83833

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 4S North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 23 1/4 N/E 1/4 S/E 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site 41542 Hwy 97
City Harrison
(Give at least names 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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	12 Sacks	Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 55
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-55	2.50	Steel	☒	☐	☒	☐
4"	-15	-100	1.00	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-60	-100	1"	28	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

17 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 28 ft. Describe access port or control devices: C&P

48N 4W 23

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
100+			2 hrs

Water Temp. 52° Bottom hole temp. _____

Water Quality test or comments: Cloudy no odor

Depth first Water Encounter 28

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	-2	Clay Brown	☒	☐
2	12	12	Pier Rock	☒	☐
12	58	58	Broken Gray Quartzite	☒	☐
6	58	100	Broken Gray Quartzite + Sand	☒	☐

Completed Depth 100 (Measurable)

Date: Started 10/26/04 Completed 10/28/04

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 All-ways Drilling Inc Firm No. 579

Principal Driller Stanley K. Wolfe Date 12/21/04

Driller or Operator II David K. Miller Date 12/21/04

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES