Form 238-7
3/95
Stamps Consulting and Management Services

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MAY 12 1997
NORTHERN REGION IDWR

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

0971C5

Office Use Only
Inspected by_____
Twp____Rge____Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-97-N-027-000
Other IDWR No. _____

2. OWNER **Well Number:** 548
Name WELCH, JERRY
Address PO BOX 2047
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. 51 ☑ North or ☐ South
Rge. 04 ☐ East or ☑ West
Sec. 19 ____ 1/4 NE 1/4 NE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site HAYDEN / MEYER R
City HAYDEN LAKE
(Give at least name of road + Distance to Road or Landmark)
____ 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	SURFACE PIPE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 305
Was drive shoe seal tested? ☐ Y ☑ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	302	.250	STEEL	☑	☐	☑	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☐ Perforations Method ____
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
270 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

NENE 19 51N 4W

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+			

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____ Depth first Water encountered ____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	5	Topsoil	☐	☑
8	5	20	Sands & Gravels	☐	☑
6	20	160	Sands & Gravels	☐	☑
6	160	167	Boulders, Sands Gravels	☐	☑
6	167	270	Sands & Gravels	☑	☐
6	270	302	Sands & Gravels	☑	☐

Completed Depth 302 (Measurable)
Date: Started 5/6/97 Completed 5/8/97

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 H2O WellService, Inc. Firm No. 448
Firm Official _____ Date 5/8/97
and
Supervisor or Operator _____ Date 5/8/97
(Sign Once if Firm Offical and Operator)
(Mike Halterman)