Form 238-7
?/78

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

USE TYPEWRITER OR BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Lynton Eckhart

Address Rt. 1 Box 96 CDA. ID.

Owner's Permit No. 96-78-N-25

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) ____

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other ____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other ____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other ____

Thickness	Diameter	From	To
.250 inches	6 inches	+ 1 feet	294 feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☒ Torch
Size of perforation 10 inches by 3/16 inches

Number		From	To
6	perforations	270 feet	294 feet
	perforations	feet	feet
	perforations	feet	feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name ____
Type ____ Model No. ____
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel ____
Placed from ____ feet to ____ feet
Surface seal depth 20 Material used in seal: ☐ Cement grout ☒ Puddling clay ☒ Well cuttings
Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata
Describe access port ____

6. LOCATION OF WELL

Sketch map location must agree with written location.

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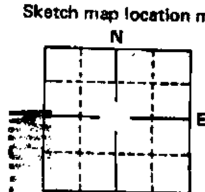

Subdivision Name ____

Lot No. ____ Block No. ____

County Kootenai

¼ SW ¼ Sec. 24, T. 53 N. R. 3 W.

7. WATER LEVEL

Static water level 252 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow ____
Artesian closed-in pressure ____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature ____ °F. Quality ____

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other ____

Discharge G.P.M.	Pumping Level	Hours Pumped
5		

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Yes	Water No
5	0	294	Clay, Sand, Gravel, & Boulders	X	

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AUG 4 1978
Department of Water Resources
Northern District Office
003977

10. Work started 5/23/78 finished 6/20/78

11. DRILLERS CERTIFICATION

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

Firm Name Aqua Drilling Ltd. Firm No. 556

Address Box 659 Hayden Lake Date 7/4/78

Signed by (Firm Official) [signature]

and

(Operator) [signature]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT