

Form 230-7

State of Idaho
Department of Water Resources
Well Driller's Report

RECEIVED

SEP 30 1996

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096845

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. DRILLING PERMIT NO. 84-06-N-028-200

Other IDWR No. _____

2. OWNER

Name SIMS, LORINDA #2

Well Number: 450

Address 28335 VALLEY VIEW

City CATALDO State ID Zip 83810

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N				Twp. 49 ☒ North or ☐ South	
					Rge. 01 ☐ East or ☒ West
W				E Sec. 36 1/4 NW 1/4 SE 1/4	
				Gov't Lot _____ County KOOTENAI	
				Lat: : : Long: : :	
				Address of Well Site VALLEY VIEW	
				City CATALDO	

(Give at least name of road + Distance to Road or Landmark)

Li. _____ Bk. _____ 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			AMOUNT	METHOD
Material	From	To	Backs or Pounds	
BENTONITE	0	18	5 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	02	18	.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:

85 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5 GPM			

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	N
8	0	7	Topsoil Yellowish Clay	☐	☒
8	7	12	Clay Light Brown	☐	☒
8	12	18	Shale Tan Soil	☐	☒
6	18	36	Shale Tan Soil	☐	☒
6	36	85	Shale Green's Gray Soil	☐	☒
6	85	92	Shale Gray Medium	☐	☒
6	92	150	Shale Gray & Green Medium	☐	☒
6	150	154	Shale Gray Green Brown W/Water 3.5	☒	☐
6	154	170	Shale Gray & Green Medium	☐	☒
6	170	176	Shale Gray Green Brown	☐	☒
6	176	183	Shale Green Medium	☐	☒
6	183	200	Shale Gray & Green	☐	☒
	0	0	1- Bolt on Cap	☐	☐
	0	0	1 4x6 formation Packer set @ 85'	☐	☐

Completed Depth 200' (Measurable)

Date Started 08/20/96 Completed 08/21/96

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 Well Service, Inc. Firm No. 448

Firm Official: [Signature] Date 9-23-96and [Signature] Date 9-16-96

Supervisor or Operator

(Sign Once if Firm Official and Operator)

NUOSE 36 49N 1W