

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

77876

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

1. WELL TAG NO. D5688

Drilling Permit No: 95-98-N-216

Other IDWR No. _____

2. OWNER

Name HANKS, LEO

Well Number:

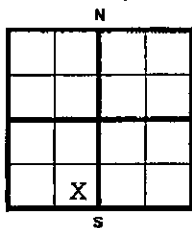
816

Address 7685 STACK RD

City CDA State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
 Rge. 04 ☐ East or ☒ West
 Sec. 19 1/4 SE 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site COUGAR GULCH

City CDA

(Give at least name 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	19	8 SACKS	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	-19	.250	STEEL	☒	☐	☒	☐
4	-5	-315	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-280	-320	1/8X6	84	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 170

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	5	Topsoil	☐	☒
8	5	19	Granite Brown Soft	☐	☒
6	19	100	Granite Brown Soft	☐	☒
6	100	160	Granite Gray Medium	☐	☒
6	160	180	Granite Gray Medium to Soft 4 gpm	☒	☐
6	180	230	Granite Gray Medium	☐	☒
6	230	300	Granite Dark Gray Medium	☐	☒
6	300	320	Granite Gray	☒	☐
	0	0	Shale Trap set at 120'	☐	☐
Completed Depth 320' (Measurable)					
Date: Started 11/30/98 Completed 11/30/98					

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 John W. W. Date 11/30/98

and Supervisor or Operator Jim McLieslie Date 11/30/98

(Sign Once if Firm Official and Operator)

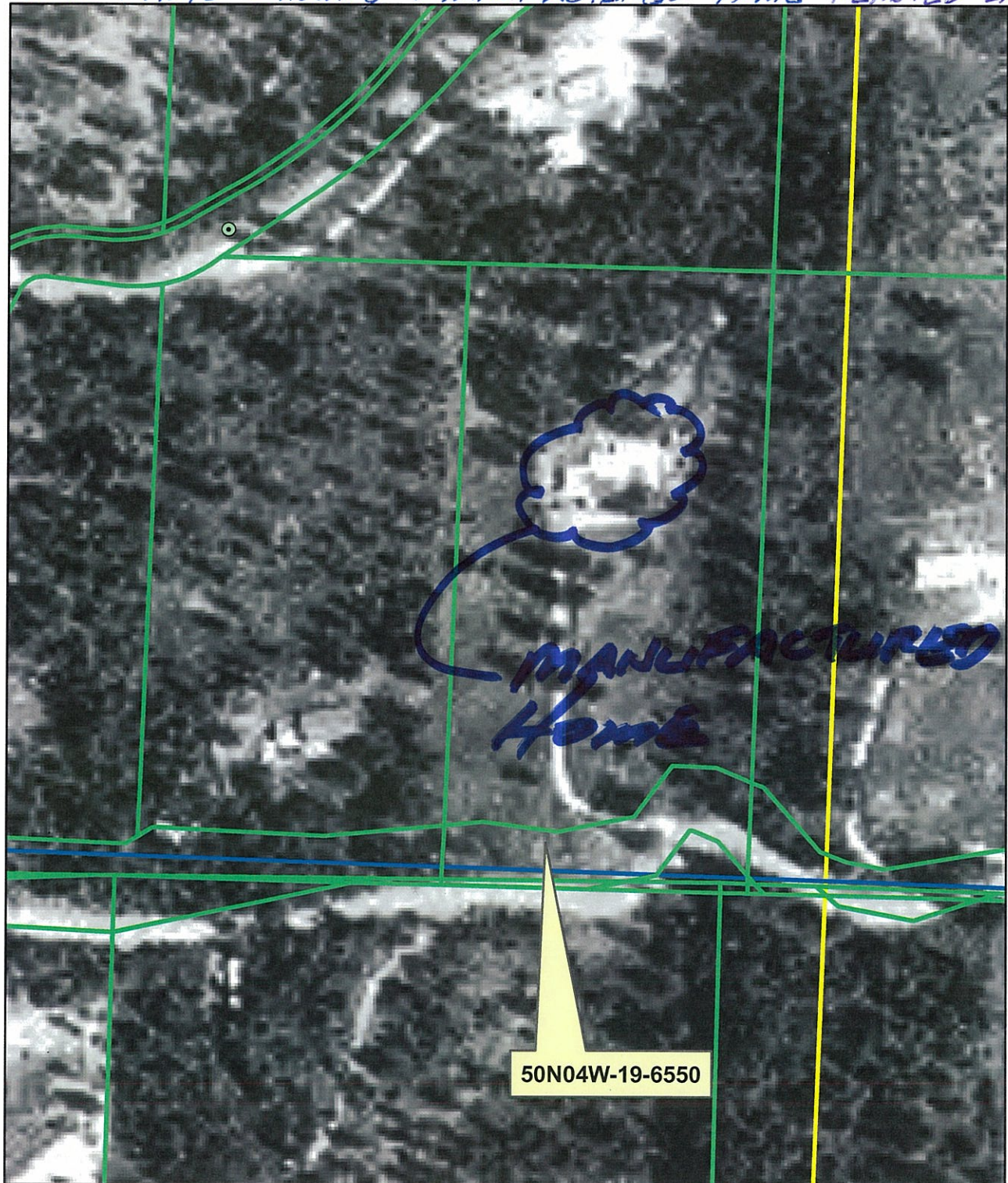
(Jim McLieslie)

50N 4W 19

SYRCLE PIN 50N04W-19-6550

MANUFACTURED HOME RECEIVED WATER FROM COMMUNITY WATER SYSTEM UNTIL WELL WAS DRILLED ON SITE IN 1998.

1992 PHOTO SHOWING MANUFACTURED HOME REMOVED LATE 2009



SYRCLE PIN 50N04W-19-6550

2009

