Form 238-7
7/94

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NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ball Point Pen

95-95-N-0031-000

1. DRILLING PERMIT NO. 95 - 95 - N - 0031 - 000
Other IDWR No. Well deepened See suffix 100

2. OWNER:
Name HOLBROOK, NOLAND
Address 3415 KLAMATH WOODS PL
City CONCORD State CA Zip 94518

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

Twp. 50 North ☒ or South ☐
Rge. 04 East ☐ or West ☒
Sec. 31, 1/4 (10 acres) N ½ (40 acres) 1/4 SE (160 acres) 1/4
Gov't Lot ____ County KOOTENAI

Address of Well Site MICA DOWER RD
City ____
(Give at least name of road + Distance to Road or Landmark)

Lt. ____ Blk. ____ Sub. Name ____

4. PROPOSED USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other ____

5. TYPE OF WORK
☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other ____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	5 BAGS	DRY GRANULE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) ____
Was drive shoe seal tested? Y ☒ N ☐ How? DROVE INTO ROCK

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☐	☐
4	-10	125	.160	PSI PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
85	225	1/8x4	120	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
70+ ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:
N 1/2 SE 31 50N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
15			

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Wat Y
8	0	6	TOPSOIL	
8	6	18	GRANITE DECOMP BROWN SOFT	
6	18	48	GRANITE BLACK WHITE MED.	
6	48	91	GRANITE WHITE & BLACK	
6	91	94	GRANITE GREEN & WHITE ROSE MED SOFT	
6	94	105	GRANITE BLACK & WHITE	
6	105	112	GRANITE BLACK & BROWN W/GREEN	X
6	105	112	SOFT W/WATER APPROX 1/4 GPM	X
6	112	125	GRANITE BLACK & WHITE	
			1 Used bolt on 6" well cap	

OFFICE USE ONLY
Inspected by TDK
Twp 50N Rge 04W Sec 31
NE 1/4 NW 1/4 SE 1/4

Completed Depth 125 (Measurable)
Date: Started 03/01/95 Completed 03/01/95

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with the time the rig was removed.

Firm Name H2O WELL SERVICE, INC. Firm No. 448
Firm Official John Johnson Date 03/09/95
and
Supervisor or Operator [signature] Date 03/09/95