

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 56386
DRILLING PERMIT NO. 8510923
Water Right or Injection Well No. _____

2. OWNER:

Name BARBARA GARAYALDE
Address P.O. BOX 129
City BLANCHARD State ID Zip 83804

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 54 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 23 1/4 1/4 1/4
Gov't Lot _____
County BONNER

Lat: _____ Long: _____
Address of Well Site 2394 BLANCHARD CUT OFF
RD. City BLANCHARD
(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 Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	550/165	TEMP CASING

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 155

Was drive shoe seal tested? ☐ Y ☒ N How? N/A

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	12	155	250	STEEL	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☒ Y ☐ N Type 8' LONG K-PACKER

9. PERFORATIONS/SCREENS/PACKER TYPE

Perforation Method N/A
Screen Type & Method of Installation STAINLESS TELESCOPING

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
155	160	25	304	5"	SS	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

115 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe screen pack or control devices: _____

WELL CAP

54N 05W 23

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
30			1 HR

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: GOOD

Depth first Water Encounter 115

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	5	SAND / GRAVEL	☒	☒
10	5	18	GRAVEL	☒	☒
6	18	115	GRAVEL	☒	☒
6	115	160	SAND	☒	☒

RECEIVED

AUG 05 2009

IDWR/North

HUGHES WATER WELLS
-365 MANSOURS PL.
OLDTOWN, ID 83822

SCANNED

JAN 23 2014

Completed Depth 160 (Measurable)

Date: Started 6-29-09 Completed 7-16-09

14. DRILLER'S CERTIFICATION

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

Company Name HUGHES WATER WELLS Firm No. 604

Principal Driller Daniel Hughes Date 8-3-09

and Driller or Operator II Daniel Hughes Date 8-3-09

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES