



# IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

 Use Typewriter  
or  
Ball Point Pen

FEB 1 1994

092215

## 10. WELL TESTS: Department of Water Resources

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Depth | Time    |
|-----------------|----------|---------------|---------|
| 8               |          |               | 2 Hours |
|                 |          |               |         |
|                 |          |               |         |

Temperature of water Cold Was a water analysis done? Yes ☐ No ☐

By whom? \_\_\_\_\_

Water Quality (odor, etc.) Clear and no odor

Bottom Hole Temperature \_\_\_\_\_

## 11. STATIC WATER LEVEL:

100 ft. below surface Depth artesian flow found N/A

Artesian pressure \_\_\_\_\_ lb. Describe access port \_\_\_\_\_

Describe Controlling Devices: \_\_\_\_\_

## 12. LITHOLOGIC LOG: (Describe repairs or abandonment)

| Bore Dia. | From | To  | Remarks: Lithology, Water Quality & Temperature | GPM | SWL |
|-----------|------|-----|-------------------------------------------------|-----|-----|
| 8         | 0    | 39  | GRAVELLY Clay                                   |     |     |
| 8         | 39   | 30  | Bolder GRANITE                                  |     |     |
| 8         | 40   | 49  | Decomposed GRANITE                              |     |     |
| 8         | 41   | 68  | GRAVEL                                          |     |     |
| 8         | 68   | 70  | GRANITE                                         |     |     |
| 6         | 70   | 125 | GRANITE                                         |     |     |
| 6         | 125  | 120 | Fractured GRANITE                               | 1.5 |     |
| 6         | 126  | 205 | GRANITE                                         |     |     |
| 6         | 205  | 206 | Fractured GRANITE                               | 3   |     |
| 6         | 206  | 230 | Fractured GRANITE                               | 3.5 |     |
| 6         | 230  | 250 | GRANITE                                         |     |     |

RECEIVED

NOV 30 1993

NORTHERN REGION  
IDWR

SCANNED

FEB 03 2014

Date: Started 10-15-93 Completed 10-16-93

## 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 HESTER WELL DRILLING INC Firm No. 528Firm Official [Signature] Date 10-16-93Supervisor or Operator [Signature] Date 11-1-93

(Sign once if Firm Official &amp; Operator)

FORWARD WHITE COPY TO WATER RESOURCES

## 1. DRILLING PERMIT NO. 96-93-N-216-000

Other IDWR No. \_\_\_\_\_

## 2. OWNER:

Name JOE HESTER) C & H INVESTMENTSAddress 613 BLACKTAIL RDCity CAREYWOOD State ID Zip 83809

## 3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N

W

T. 34 North ☒ or South ☐  
E. 3 East ☐ or West ☒  
Sec. 26 1/4 SW 1/4 SE 1/4  
Gov't Lot \_\_\_\_\_ County BONNER  
Address of Well Site OLD HOUSE RD

(Give at least Direction + Distance to Road or Landmark)

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_ Subd. 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 |      |    | AMOUNT          | METHOD    |
|------------------|------|----|-----------------|-----------|
| Material         | From | To | Sacks or Pounds |           |
| Bentonite        | 0    | 20 | 8               | Overbored |
|                  |      |    |                 |           |
|                  |      |    |                 |           |

Was drive shoe seal tested? Y ☐ N ☒ How? \_\_\_\_\_

## 8. CASING/LINER:

| Diameter | From | To | Gauge | Casting | Liner | Steel                               | Plastic                  | Welded                              | Threaded                 |
|----------|------|----|-------|---------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6        | 1/2  | 70 | 250   | X       |       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |         |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |    |       |         |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoes 70

Top Packer or Headpipe \_\_\_\_\_ Bottom Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☒ Perforations Method Saw Cut  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To  | Slot Size | Number | Diameter | Tele/Pipe Size | Casting                  | Liner                               |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 60   | 250 |           |        | 4        |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 250  | 210 | 1/8       | 30     | 4        |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |     |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/>            |

SW SE SW 26 54N 3W