Form 238-7
3/95

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IDWR

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 94 - 95 - N - 11 - 100
Other IDWR No. _____

2. OWNER:
Name JOYCE STOCK
Address S 12900 TAMARACK RIDGE
City CATALDO State ID Zip 83810

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

N / W / E / S — X

Twp. 49 North ☒ or South ☐
Rge. 01 East ☐ or West ☒
Sec. 25, ____ 1/4 SW (10 acres) 1/4 SW (40 acres) 1/4 (160 acres)
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site _____
_____ City _____
(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 Deepen

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

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

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	-134	150	.250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method DOWN HOLD PERFORATED
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	147	1/4x2	300	6	STEEL	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

SWSW 25 49N 1W

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

Yield gal./min	Drawdown	Pumping Level	Time
10+ GPM			
EST AIR LIFT			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____
_____ Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	136	143	CLAY BROWN		X
8	143	150	SHALE GRAVEL W/WATER COARSE	X	
8	150	153	CLAY BROWN		
			DIG PITLESS OUT & WELD		
			PLUG ON CASING 2 HR		
			DEVELOPMENT TIME 1 HR		

Completed Depth 151' (Measurable)
Date: Started 7/28/95 Completed 7/28/95

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 John W Hueling Date 8-31-95
and
Supervisor or Operator _____ Date 8-29-95
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES