



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 94 - 94 - N - 33 - 000
Other IDWR No. Well deepened 1997 See Suffox 100

2. OWNER:

2. OWNER:
Name LOWELL GOODSON
Address E 17800 HIGHWAY 3
City CATALDO State ID Zip 83810

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N

	X		

S

Twp. 48 North ☒ or South ☐
Rge. 02 East ☐ or West ☒
Sec. 13 $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW
10 acres 10 acres 160 acres
Gov't Lot _____ County Kootenai
Address of Well Site Rt 3 _____
 City Lane
(Give at least name of road + Distance to Road or Landmark)

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	18	6 sacks	Crumbles

Was drive shoe used? Y ☒ N ☐

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	18	250	Steel	☒	☐	☒	☐
4"	-10	250	220	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
210	250	1/16	60	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

SW SW 13 48N 2W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1 GPM			1/2 hr

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: Clean

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth	250'	(Measurable)
Date: Started	07/25/94	Completed 07/26/94

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 Steve Wheeler Date 8-5-94

Supervisor or Operator Mark [Signature] Date 12-2-79

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES