

Form 238-7
3/95

DEC 12 1997



IDaho DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 096606

Use Typewriter or Ballpoint Pen

NORTHERN REGION

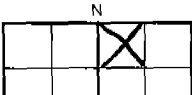
1. DRILLING PERMIT NO. 94-97-N-16
Other IDWR No. _____

2. OWNER:

Name Gloria G. DAndrea
Address 29890 E. Dudley Rd
City Cataldo State Id Zip 83810

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 48 North ☒ or South ☐
 Rge. 1 East ☒ or West ☐
 Sec. 6 1/4 NW 1/4 NE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Kootenai
 Lat. : : Long. : :
 Address of Well Site same as Above
 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 _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Casing Seal Bentonite	0	24	5	overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
Was ~~drive shoe~~ seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1½	24'	¼"	Steel	☒	☐	☒	☐
4"	-5½	352	160	PVC	☐	☒	☒	☐
			PSI		☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS *PVC only*

☒ Perforations Method Saw Cut

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
312	352	1/8" x 1/2"	60	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

163 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: Bolted well cap

NWNE 6 48N 1E

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
Est. 2 GPM			

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: not Tested

Depth first Water Encountered 200

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

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 **AQUA DRILLING
& EXPLORATION INC.** Firm No. **163**

Firm Official Scott M. Braum Date 12-10-97

and
Supervisor or Operator Scott M. Baum Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES