

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4		1/4	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D0028556

Drilling Permit No: 804628

Other IDWR No. _____

2. OWNER

Name POOLE, MICHAEL

Address 6074 EBBTIDE DR.

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 50 ☒ North or ☐ South	
W		Rge. 4 ☐ East or ☒ West	
E		Sec. 8 1/4 SW 1/4 NW 1/4	
S		Gov't Lot _____ County KOOTENAI	
		Lat: _____ Long: _____	
		Address of Well Site HARBOR ISLAND	
		City COEUR D'ALE	

(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	
DRY GRANULE				
BENTONITE	0	18	4 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 53'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	53	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 55 ft. Describe access port or control devices: _____

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 45

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	38	Dark Brown Clayish Soil w/Gravel &	☐	☐
10	38	45	Cemented Gravels	☐	☐
10	45	53	Coarse Gravels	☐	☐
8	53	55	Coarse Gravels w/ Water	☒	☐
8	55	57	Dark Brown Firm Clay	☐	☐

Completed Depth 56 (Measurable)
Date: Started 7/14/03 Completed 7/14/03

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 WellService, Inc. Firm No. 448

Firm Official _____ Date 7-16-03

and

Supervisor or Operator _____ Date 7-15-03

(Sign Once if Firm Official and Operator)

(Louie Hanner)

50 N 4 W 8