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Form 238-7
1/94

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95-95-N-141-000
Other IDWR No.

2. OWNER:
Name Fred Hamill
Address P.O.Box 902
City Spirit Lake State ID Zip 83869

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

N / W / E / S

Twp. 53 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 31, W2SE 1/4 (10 acres) SW 1/4 (40 acres) NE 1/4 (160 acres)
Gov't Lot ____ County Kootenai

Address of Well Site Twin Lk loop Rd
City Rathdrum
(Give at least name of road + Distance to Road or Landmark)

Lt. ____ Blk. ____ Sub. 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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
bentonite	0	18	6	overbore

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	+1	412	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:
375 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: cap

SESWNE 31 53N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
15		415	2hrs

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	8	sand&gravel		
6	8	85	large gravel		
	85	310	sand&gravel		
	310	325	boulders		
	325	412	sand&gravel	X	
	412	417	decomposed granite		

MICROFILMED
JAN 09 1996

Completed Depth 417ft (Measurable)
Date: Started 8-9- Completed 8-10-95

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 Bronson Water Wells Firm No. 360
Firm Official H. D. Bronson Date 8-14,95
and
Supervisor or Operator ____ Date ____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES