

Form 23
6/82
RECEIVED
MAR 04 1994
Department of Water Resources

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95-94-C-003-000
Other IDWR No. _____

2. OWNER:

Name Eagle Manufacturing
Address 1555 N. Hwy 41
City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N				
W				
S				

T. 52 North ☒ or South ☐
E. R. 4 East ☐ or West ☒
Sec. 30 NE 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County _____

Address of Well Site 1555 N Hwy 41
Rathdrum ID 83858
(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. 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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	7	OVERMIXED

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

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
8	1 1/2	135	200	X		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 135'

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casting	Liner
475	455	1/8	15	4"		☐	☒
290	250	1/8	30	4"		☐	☒
250	6	Blank				☐	☒

NE NE NE 30 52N 4W

10. WELL TESTS:

☐ Pump	☐ Bailer	☐ Flowing	☐ Artesian
Yield gal./min.	Drawdown	Pumping Depth	Time
25			6 Hours
NORTHERN REGION IDWR			

Temperature of water _____ Was a water analysis done? Yes ☐ No ☐

By whom? _____

Water Quality (odor, etc.) Clear and Cold no odor

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

135 ft. below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
10	0	3	Top Soil		
10 3/4	22		Sand and GRAVEL		
8	22	130	Sand and Cobblestones		
8	130	135	GRANITE		X
6	135	243	GRANITE		
6	243	246	Fr. GRANITE		
6	246	260	GRANITE		
6	260	261	Fractured GRANITE	15	
6	261	270	GRANITE		
6	270	322	Fractured GRANITE	10	
6	322	410	GRANITE		
6	410	413	Fractured GRANITE		
6	413	460	GRANITE		
6	460	461	Fractured GRANITE		
6	461	475	GRANITE		

Date: Started 1-3-94 Completed 1-6-94

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 Hester well Drilling Inc. Firm No. 528

Firm Official [Signature] Date 1-10-94

and _____

Supervisor or Operator C. Mark Hoveling Date 1-13-94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES