Form 238-7
1/94

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95 - 94 - N - 118 - 000
Other IDWR No.

2. OWNER:
Name JOHN SCHAFER
Address 5039 ASPEN LOOP RD.
City MOUNTAIN HOME State ID Zip 83648

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

N / W / E / S — X

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

Address of Well Site TWIN LAKES
City
(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	200	12	OVERBORE

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"	+2	378	.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:
360 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:
SWNE 31 53N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
12 EST.	N/A	460	1 HR.

Water Temp. COLD Bottom hole temp.
Water Quality test or comments: CLEAR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8"	0	1	SOIL		X
	1	18	GRAVEL 3/4 -		X
7½	18	180	GRAVEL 3/4 - SAND		X
	180	200	SANDY CLAY		X
	200	320	GRAVEL 3/4 - SAND		X
	320	340	SAND, SILT, CLAY		X
	340	370	DECOMPOSED GRANITE TAN		X
	370	378	GRANITE B&W MED		X
5½	378	425	GRANITE B&W MED		X
	425	430	GRANITE B&W MED (6)	X	
	430	440	GRANITE B&W MED		X
	440	445	GRANITE B&W MED (6)	X	
	445	460	GRANITE B&W MED		X

RECEIVED
JUL 22 1994
NORTHERN REGION
IDWR

MICROFILMED
JAN 09 1996

Completed Depth 460' (Measurable)
Date: Started 6/3/94 Completed 6/10/94

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 UNITED DRILLING, INC. Firm No. 414
Firm Official [signature] Date 6/13/94
and
Supervisor or Operator Larry Vanteelinden Date 6/13/94
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES