Form 238-7
6/93

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
PAGE TWO

Use Typewriter or Ball Point Pen

1. DRILLING PERMIT NO. 96-94-N-243
Other IDWR No.

2. OWNER:
Name Michael & Suzanne Davis
Address P.O. Box 173
City Blanchard State Id Zip 83804

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

N / W / E / S

T. 54 North X or South ☐
R. 5 East ☐ or West X
Sec. 15, ____ 1/4 NE 1/4 NW 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Bonner

Address of Well Site same as above No Road Name
(Give at least Direction + Distance to Road or Landmark)
Lot No. ____ Block No. ____ Subd. Name ____

4. PROPOSED USE:
X Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other ____

5. TYPE OF WORK continued from 8-12-94 (Deepening)
X New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary X Air Rotary ☐ Cable ☐ Other ____

7. SEALING PROCEDURES N/A In Place

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD

Was drive shoe seal tested? YX NO How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Guage	Casing	Liner	Steel	Plastic	Welded	Threaded
6"	-189	345	.250	Steel		X	☐	X	☐
						☐	☐	☐	☐
4"	320	400	160 SCH		X	☐	X	X	☐
						☐	☐	☐	☐

Final location of shoes 346'
Top Packer or Headpipe ____ Bottom Tailpipe ____

9. PERFORATIONS/SCREENS saw cut
X Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casing	Liner
360	400	⅛ x 6"	60	4"		☐	X
						☐	☐
						☐	☐
						☐	☐

NE NW 15 54N 5W

10. WELL TESTS:
☐ Pump ☐ Bailer X Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
45 GPM Est.			

Temperature of water cold Was a water analysis done? Yes ☐ No X
By whom? ____
Water Quality (odor, etc.) ____
Bottom Hole Temperature ____

11. STATIC WATER LEVEL:
Est. 250 ft. below surface Depth artesian flow found ____
Artesian pressure ____ lb. Describe access port Bolted Cap
Describe Controlling Devices: ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
6"	-189	345	Decomposed Granite Type Sand with Gravel		
6"	345	360	Soft very Granite Brown	45	
6"	360	400	Soft Granite		

RECEIVED
NOV 2 3 1994
NORTHERN REGION
IDWR

MICROFILMED
DEC 2 9 1998

Date: Started 11-15-94 Completed 11-18-94

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 AQUA DRILLING & EXPLORATION INC. Firm No. 163
Firm Official Scott M. Beaumbree Date 11-18-94
and
Supervisor or Operator Scott M. Beaum Date
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
JUL 25 2017

Form 238-7
6/93

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
PAGE ONE

Use Typewriter or Ball Point Pen

OFFICE USE ONLY
Inspected by TDK
Twp. 54N Rge. 5W Sec. 15
NE 1/4 NW 1/4

ENT

1. DRILLING PERMIT NO. 96-94-N-243-
Other IDWR No.

2. OWNER:
Name Michael & Suzanne Davis
Address P.O. Box 173
City Blanchard State Id Zip 83804

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

T. 54 North ☒ or South ☐
R. 5 East ☐ or West ☒
Sec. 15, ___ 1/4 NE 1/4 NW 1/4 (10 acres, 40 acres, 160 acres)
Gov't Lot ___ County Bonner

Address of Well Site
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Casing Seal	0	30	11	

Was drive shoe seal tested? Y☒ N☐ How? Air pressure

8. CASING/LINER:

Diameter	From	To	Guage	Casing	Liner	Steel	Plastic	Welded	Threaded
6	+1	189	250	St.		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 189'
Top Packer or Headpipe ___ Bottom Tailpipe ___

9. PERFORATIONS/SCREENS NONE
☐ Perforations Method
☐ Screens Type ___ Material

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

NENW 15 54N 5W

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

Yield gal./min.	Drawdown	Pumping Depth	Time
0			

Temperature of water ___ Was a water analysis done? Yes ☐ No ☐
By whom?
Water Quality (odor, etc.)
Bottom Hole Temperature

11. STATIC WATER LEVEL:
___ ft. below surface Depth artesian flow found ___
Artesian pressure ___ lb. Describe access port Bolted Cap
Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
8	0	189			
6	189	300			
	0	176	Brown Clay Sand & Gravel	0	
	176	300	Sand & Gravel & decomposed Granite	0	
			Note: Owner Notified Contractor To Cease Drilling Operations because New Survey Indicated well Location was not on Their Land. Total construction was not completed.		

RECEIVED
SEP 20 1994
NORTHERN REGION
IDWR

MICROFILMED
DEC 29 1998

Date: Started 8-1-94 Completed 8-12-94

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 AQUA DRILLING & EXPLORATION INC. Firm No. 163

Firm Official Scott M. Bezemer Date 9-20-94
and
Supervisor or Operator Wayne Miller Date
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
JUL 25 2017